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VOL. LI

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No. 1

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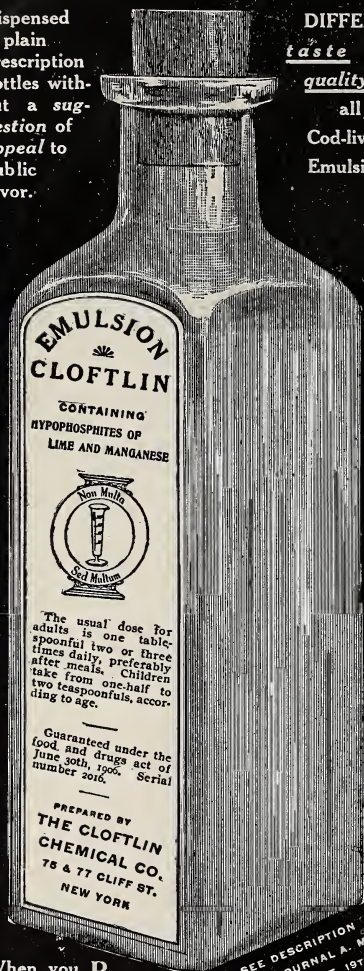
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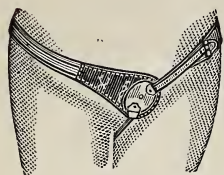
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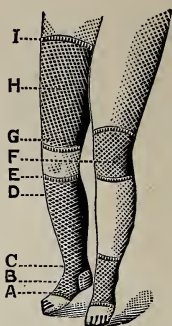
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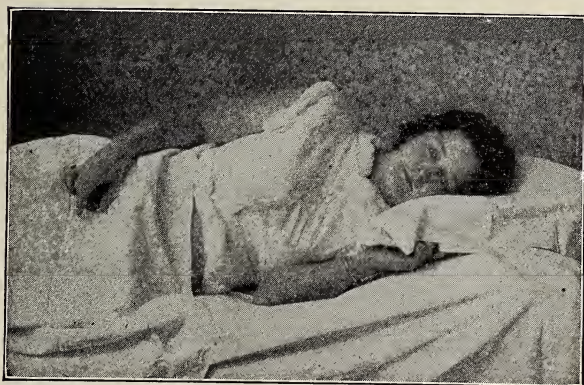
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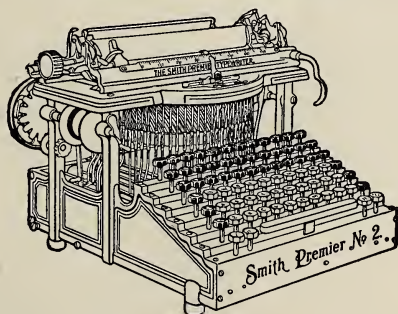
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RELATIONS OF PHYSICIANS AND PHARMACISTS AND THE USE OF THE PHARMACOPEIA AND NATIONAL FORMULARY.

By Lewellys F. Barker, M.D.,

Professor of Medicine, Johns Hopkins University.

REMARKS MADE AT THE JOINT MEETING OF PHYSICIANS AND PHARMACISTS TO DISCUSS UNITED STATES PHARMACOPEIA AND NATIONAL FORMULARY PROPAGANDA, NOVEMBER 26, 1907.

THIS meeting, as I understand it, is intended for the discussion of the relations of medicine to pharmacy and of the physician to the pharmacist, with especial reference to the United States Pharmacopeia and the National Formulary. There has been and is still more or less misunderstanding of physicians by pharmacists and of pharmacists by physicians, and where misunderstandings exist there is no better way of clearing things up than for people to get together and talk the whole thing out. Meetings of this sort are, therefore, of great value for the promotion of the interests of both physicians and pharmacists and for the promulgation of that good feeling among the members of two professions whose aim should be co-operation, and not antagonism.

Though a medical man myself, I have more than ordinary reasons for a kindly feeling toward pharmacy. In 1884 I apprenticed myself to a Canadian pharmacist, signing an agreement to spend three years in Mr. Gibbard's pharmacy in Whitby. Though the term was not completed, I spent two full years at this work, at the end of which time my instructor advised me to go into medicine and released me from the third year of my apprenticeship. Those two years in the drug store of a country town I consider two of the most profitable years I ever spent, not only as preparation for medicine, but as preparation for life. I learned at first hand what goes on in pharmacies, and I know much about the ideals and a great deal, too, about the difficulties of the pharmacist. I know the mysteries of the back shop as well as the brilliancy of the store in front. The apprentice in those days began by washing bottles and cleaning showcases, and I remember that I regarded the permission to make Seidlitz powders and Bland's pills later on as great privileges.

In that pharmacy I became familiar with the great variety of prescriptions which doctors send to be filled and with the host of proprietary remedies and nostrums with which patients dose themselves. I learned to know the subterfuges to which the morphin-

ist and the cocaine fiend will resort in order to obtain their drugs, and I became, I am sorry to say, acquainted with the physician who will sell prescriptions for spiritus frumenti in quart bottles on days when saloons are closed. I knew, too, the pressure which is brought to bear upon the salesman in an apothecary shop to do counter prescribing; and I remember how easy it was for a young man learning pharmacy and seeing many prescriptions to get the idea that he really was competent to treat many of the patients who apply to him. An inside knowledge of aims, purposes and difficulties in pharmacy thus gained makes me feel very close indeed to members of the pharmaceutical profession. In my days of apprenticeship I gained a high regard for the pharmacist of the better sort, and this regard has grown with the years. It is, therefore, an especial pleasure for me to say a few words here tonight concerning some of the relations which we have met to discuss.

THE PLACE OF PHARMACO-THERAPY IN MEDICINE.

In the treatment of disease we, as medical men, use many measures—physical, chemical and psychic—in order to get our patients well. Therapeutics is by no means limited to the administration of drugs. Indeed, pharmaco-therapy includes only a relatively small portion of our methods of treatment. Formerly it occupied a relatively more prominent place, perhaps, than it does now. Indeed, the reaction against drug-giving has been so great that some medical men have gone to an extreme and assumed that the use of drugs in the treatment of disease will gradually disappear. It must be confessed that no one familiar with the history of drug therapy can fail to marvel at the death of enthusiasm after enthusiasm with regard to the virtue of various substances which from time to time have been used in the treatment of disease. We realize now how useless in themselves many of them were, and how much of the effect following the administration of drugs was due to the faith the doctor and the patient had in them rather than to the chemical changes and physiological effects which they produced in the body. But, having discovered this truth, we should not fall into the error of denouncing the use of all drugs or depreciating the value of pharmaco-therapy. Treatment by drugs has its place along with treatment by baths, good nursing, massage, exercise, diet, climate, electricity and mental influences. All doctors, I feel sure, prescribe a certain number of drugs in connection with at least some of their cases, and I believe very often with great benefit to the patients. The number of substances available has enormously increased, and there is every prospect that the future will provide us with substances now entirely unknown to us which will prove of the greatest value in influencing the tissues of the body. It has been a great advance to get away from the crude polypharmacy and the grotesque empiricism in the use of drugs so characteristic of the past. The simplification of prescriptions, the attempt to treat our patients rationally rather than empirically and the movement toward preceding clinical experimentation with drugs by careful pharmacological studies on animals are signs of our times which we most heartily approve. It must not be forgotten, however, that the physician standing before the

sick man has to act. If he can act rationally, all the better, but the domain of rational acting is as yet very limited, and we, as medical men, are compelled in the vast majority of our cases still to resort to empirical practice. It would be wrong if we did not so act. Our aim is, however, to change empirical as speedily as possible into rational therapy.

ADVANCE IN PHARMACY AND PHARMACOLOGY.

Medical men have gone through a century when they were more interested in studies of diagnosis, perhaps, than in studies on treatment, but one sees marked signs of returning enthusiasm for therapeutics. There is a much more optimistic spirit abroad now than formerly existed. The nihilism which followed upon the studies of pathological anatomy is giving place to an opposite attitude as a result of researches in pathological physiology and pharmacology.

I do not think even physicians as a class realize what great progress has been made during the last few decades both in pharmacy and pharmacology. Pharmacy especially has made great strides, thanks to the laborious investigations of high-minded and well-trained pharmaceutical chemists. The extension of the methods of identification of pharmaceutical substances, the purification of drugs, the introduction of methods of accurate standardization, the devising of modes of preservation of pharmacal preparations, the discovery of additions which will make medicines, which are otherwise nauseous, palatable, and the working out of modes of combinations and varieties of form of administration all testify to the successful activity, to the very important contributions of the pharmaceutical chemists.

At the same time the pharmacologists have been busy testing the physiological effects of drugs and active principles upon man and animals, controlling their work by the accurate methods of physiological laboratories and subjecting the results to rigid criticism. The studies upon the action of digitalis and its principles, of atropin and the various alkaloidal substances, of anesthetics, antipyretics and hypnotics come at once into mind. We have now a vast magazine of information regarding the physiological effects of the substances in ordinary use, and the contents of this storehouse are being increased by rich harvests every year.

As a result of these researches in pharmaceutical chemistry, on the one hand, and in pharmacology, on the other, medical men are now supplied with a *materia medica* incomparably superior to anything the world has known before, and in the eighth decennial revision of the Pharmacopeia of the United States of America we have an epitome of the most important results of these studies, at least on the pharmaceutical side. In that volume we have brought together a list of substances and preparations which, in the opinion of experts, are most suitable at the present time for use by physicians in the drug treatment of disease, and if we add to that list the unofficial preparations of the third edition of the National Formulary, a volume published by the authority of the American Pharmaceutical Association, the resources of the prescriber are sufficiently extended certainly to meet all ordinary

purposes of pharmaco-therapy. These two volumes embody the earnest conscientious work of the leading botanists, pharmacologists, chemists, pharmacists and therapeutists in this country. These men have given their best energies to the work, practically without remuneration, with results which are an honor to themselves and to the professions of pharmacy and medicine. This country ought indeed to be proud of the results, which, in the opinion of good judges, excels anything which has been done in Europe.

THE NOSTRUM EVIL.

The United States Pharmacopeia and the National Formulary mention all the remedies which, in the opinion of the committee, are sufficiently valuable and have been well enough tried to merit general recognition. Moreover, so many kinds of preparations containing the substances have been given that the most diverse requirements of the physician would seem to be met. There is great advantage in uniformity, not only scientific, but economic advantage, and our physicians, it seems to me, would do well to avoid the use, as far as possible, of preparations other than those mentioned in these two books. Unfortunately, medical men at present use an enormous number of preparations not contained in either the Pharmacopeia or the National Formulary. The promoters of secret and proprietary medicines, knowing the enormous fortunes to be made by the exploitation of their wares, have often led reputable pharmacists and physicians to aid them in the accomplishment of their selfish ends. I do not need to refer to the multitude of secret formulae and proprietary products daily offered to the public and to the profession. These preparations, as a rule, contain nothing which is valuable which is not already at the disposal of the prescriber in the Pharmacopeia and the Formulary, though if one reads the persuasive circulars sent out by the proprietary firms he will see that great discoveries profess to be made in domains in which science is as yet almost entirely ignorant. The claims of these people are notoriously often false. They take old remedies and give them new names; they rechristen old combinations or make slight modifications in their form, and pretend to virtues accessible only through them. These secret and proprietary products are but little removed from the patent medicines of the laity; indeed, by ordinary lay individuals they are regarded as patent medicines, and especially since patent-medicine manufacturers have begun to put their formulas upon the bottles the distinction between proprietary products and patent medicines has been almost wiped out. Though the proprietors pretend to physicians that their preparations reach the laity only by way of the physician's prescription, it is well known that they exploit the physician in order sooner or later to advertise and sell directly to the laity. The more iniquitous promoters do not hesitate to change the formula of a preparation when it suits their convenience or when such change, after establishment, will add to their profits. Physicians often prescribe such remedies in entire ignorance of their actual contents—an exhibition of irresponsibility scarcely conceivable in the enlightenment which is the boast

of present-day medicine. The pharmacist becomes commercialized, for the pharmacist's activity consists in the transfer of proprietary remedies from the original bottle to a bottle carrying the label of a physician's prescription without need of pharmaceutical training or attainment. And can we blame the pharmacist who would be reputable, if he, seeing the success that nostrums win and the ready way in which well-meaning but careless physicians prescribe them, is tempted to go into the manufacture of nostrums for himself? Worst of all is the demoralization of patients by the growth of this evil, for the patient is encouraged to treat himself and to induce his friends to try the remedy which promises to do so much. Starting, perhaps, with a proprietary remedy of the better sort, it is easy for him to pass step by step to the use of the more injurious and baser patent medicines.

MUCH-NEEDED REFORMS.

And now a word as to what the attitude of the physician and of the pharmacist should be as to this matter. It seems to me very clear that we, as members of the medical profession, should show a greater appreciation of practical pharmacy and of the opinions of those who have devoted their lives to the Pharmacopeia and the Formulary. We should accept the Pharmacopeia and the Formulary as our guides as far as remedies in the shape of drugs are concerned, and we should be so convinced of the adequacy of these resources that we shall be able to resist—indeed, I may say resent—the overtures of the pretending nostrum-mongers. We should take care never to prescribe remedies the action of which we have learned only from the circulars of the proprietors of the remedy. I think that one of the most beneficent pieces of work of the many important things now being carried on by the American Medical Association is that of the Council on Pharmacy and Chemistry. We must, of course, be ever on the search for new remedies and for improvements in old remedies. There is such a thing as legitimate clinical experimentation with drugs. We should not so soon have had quinine for the treatment of malaria or mercury for the treatment of syphilis had it not been for bold clinical experimenters in the use of the new remedies. But we have come to recognize the great importance of carrying on such experimentation only under rigidly controlled conditions. Observation in a few cases and without control by modern physiological methods is of scarcely any value, and those of us who have not the opportunity of experimenting in the right way will do better not to experiment at all, but to seek the aid and advice of those who devote a large part of their time and energies under the most suitable conditions to such experimentation. Above all, we should never be led into giving a testimonial to a nostrum seller. The promoters of secret formulas and proprietary remedies are versed in the subtleties of temptation, and you have only to consult medical journals and proprietary-house publications in order to see how frequently they deceive even those whom we often regard as the very elect of our profession.

I think the reasons why physicians use proprietary medicines are manifold. In the first place, it is sometimes due to laziness.

It is so much easier to write the name of some much-vaunted compound than to write a decent prescription. Moreover, physicians, unless they have had some experience in a drug store, are rarely well trained in the knowledge of prescription writing, but even this lack of knowledge no longer excuses the use of proprietary remedies, since the Pharmacopeia and the National Formulary supply us with an abundant list of compatible and palatable preparations. Another reason why physicians use proprietaries lies in their suggestibility. Physicians are only human beings, and human beings are all more or less suggestible; that is to say, their minds are accessible to influences strongly pressed upon them from the outside. Even well-trained physicians, if they will allow themselves to read the skilfully worded advertisements of the promoters, may be led astray. There is only one safety for the physician: as soon as you recognize the contents of an envelope to be a proprietary-medicine advertisement, put it in the waste-paper basket without reading it. Finally, medical men are, I believe, sometimes led to use proprietary remedies because they are new, and no physician likes to be behind the times. Occasionally a new proprietary remedy is of great value, and if one can be sure of it there is no reason why he should not use it, but the trouble is how to be sure, and, as a rule, not much is lost by waiting until those who have the skill and the opportunities for careful testing—men, I mean, too, who have no financial interest in the sale of the remedy—have given a favorable report upon it. It may seem a little paradoxical, but nowadays if a physician wished to impress his patient by prescribing something novel—why he should be hard to understand—he might succeed better by using a preparation from the Pharmacopeia or the National Formulary than by resorting to a proprietary, for many a patient has run a gamut of proprietary remedies who has not heard of the corresponding simple and well-tried preparations in our national standards.

I have spoken strongly of my feeling as to what the physician should do in this matter, and you will permit me, perhaps, also to say a word as to what I think the attitude of the pharmacist should be. I believe that the pharmacist should join hands with the physician in stamping out this nostrum business. He should co-operate with the medical profession in protecting the laity from prescriptions given by people incompetent to prescribe, be it the patient himself, his neighbor, a proprietary-medicine manufacturer, a pharmacist or a quack doctor. The pharmacist should see to it that he and his assistants are able at all times to furnish preparations of the Pharmacopeia and Formulary of standard strength and in accord with modern pharmaceutical art, for I believe that there is going to be an ever-increasing demand for these preparations now that physicians are learning the importance of limiting their prescriptions thereto, and especially since any physician can for a merely nominal sum buy from the American Medical Association a handy pocket volume containing all these formulas. If, in addition to this, you who are pharmacists will realize, as I am glad to say the best of you do, that you belong to an honorable and most useful profession, and that it is therefore incumbent upon

you to conform always to professional usages and to avoid the unprofessional, you will as a class preserve a dignity and your places of business will have a style that will be consistent with the high and serviceable calling which is yours.

TUMORS OF LATERAL ABERRANT THYROID TISSUE.

By Alexius McGlannan, M.D.,

Baltimore, Md.

It is remarkable that the only paired ductless glands of the body are the organs most prominent in the production of aberrant collections of specialized tissue. Since Glauwitz described hypernephroma, a tumor arising from aberrant adrenal cells, the study of these neoplasms has developed an extensive literature. Tumors of aberrant thyroid tissue are not as often reported, but are sufficiently common to attract attention.

The development of these tumors from islands of tissue that have been misplaced during embryonic life is perceptible and is a point in favor of Conheim's theory of cell-inclusions as the cause of new growth.

Aberrant thyroid tissue is found in all the regions developed from the embryonic areas adjacent to the branchial clefts. The positions of the aberrant tissue can be explained better by Born's theory of the development of the thyroid than by that of His. Born states that the isthmus develops from the epithelium of the fourth gill cleft. His, on the other hand, teaches that the entire gland comes from a horseshoe shape area of epithelium in the middle and sides of the pharynx.

As the neck elongates the connection of the embryonic isthmus to the pharyngeal opening is drawn out to form the thyro-glossus duct. This epithelial-lined tube occasionally persists and forms a fistula extending from the foramen cecum at the base of the tongue to some point in the region of the thyroid in the middle of the neck.

According to the position the masses of aberrant thyroid tissue are classified as median and lateral. Both groups are subdivided into superior and inferior, according to their relation to the line of the hyoid bone.

The median are those occurring in the middle line of the neck in the line of the thyroid glossus duct. These are developed from islands of epithelium cut off from the isthmus in its downward course during the growth of the neck.

The lateral are those occurring in the line of the great vessels of the neck and the other branches from the arch of the aorta. During the development of the neck and shoulder girdle pressure of the great vessels and developing muscles on the tissues of the lower clefts causes separation of islands of epithelium that later form the lateral aberrant thyroid masses.

Schrager suggests that latent aberrant thyroids may occasionally originate either from the normal or supernumerary parathyroids.

These separated islands grow in proportion to the normal evolution of the thyroid, and unless they represent a considerable part of the total thyroid material the lateral aberrant masses will give no clinical symptoms.

Embryonic separation may strew the entire area with minute particles of thyroid that are without clinical significance or symptoms. However, these aberrant masses are subject to all the pathological changes of the normally placed thyroids and may have any hypertrophy or tumor formation that affects the gland.

The common position of the lateral aberrant thyroids is that of the lymphatic glands of the neck and axilla. Adenoma may develop simultaneously in the thyroid in normal position and in the aberrant masses. When these tumors are removed those found in the aberrant tissue may be mistaken for glandular metastases from adenoma of the normally placed thyroid. I believe that this is more plausible than that a benign adenoma should give metastases. Metastatic growth is considered one of the cardinal symptoms of malignancy, and therefore it is unreasonable to attribute the same property to a benign tumor.

An important point apparently overlooked by all operators is the condition of the lymphatic glands in these cases. Normal lymphatic glands would prove absence of metastases. No one has mentioned the lymphoid tissue in describing the masses. It is conceivable that the metastatic deposit may entirely replace the lymphoid cells, so that the lymph gland is converted into a nodule of tumor cells, but such complete replacement is practically unknown.

Erhardt has shown that the relation of adenoma of the thyroid to adeno-carcinoma is very close, and that in the transition from one type of tumor to the other the histological change is slight and easily overlooked. The reported cases of metastases to localities distant from the thyroid area are more likely secondary growths from unrecognized early adeno-carcinoma of the thyroid. These masses can hardly be considered aberrant thyroid, because it would be a very remarkable phenomenon to have embryological misplacement of thyroid epithelium at so great distance from the region of the branchial clefts.

The thyroid is particularly rich in thin-walled vessels in close relation to the parenchyma. One possible explanation of secondary growths from benign tumors is that pressure change in the walls of the blood vessels allows tumor cells to be washed into the circulation and deposited at distant positions where further development results in secondary tumors.

Tumors of this type may be confused with other epithelial growths in which colloid degeneration has occurred, or myxomatous tumors may be mistaken for thyroid tissue. These tumors are much alike in gross appearance, especially when they occur in bone. The thyroid masses are usually distinctly redder than the others, but the probability of confusion is very great and should be considered in studying the supposed aberrant masses in unusual localities. In his note on Case III Dr. Bloodgood calls attention to

the possibility of a colloid tumor arising from the glands of the skin.

Symptoms.—Small collections of aberrant thyroid tissue frequently exist without giving any signs of their presence. It is only when the masses are of considerable size or when they enlarge from pathological change that they give symptoms. Usually the tumor is the only manifestation, but when the masses are deeply situated they may give pressure symptoms. The tumors are most often unilateral. They attract attention more often in women than in men, due to their sharing the physiological hypertrophy of the thyroid that occurs with puberty, menstruation and pregnancy.

Accurate clinical diagnosis is practically impossible. Tumors of aberrant thyroid tissue may simulate any of the solid or cystic swellings of the neck, and the masters of surgery have repeatedly failed to recognize them before operation.

When exposed at operation the naked-eye appearance of the tumor is characteristic. The greenish-red capsule, surrounded by vascular connective tissue, is significant, and incision of the capsule reveals the thyroid structure.

The operation for removal of these tumors is usually easy. Before removing aberrant thyroid tumors the presence of thyroid in the normal situation must be ascertained. Occasionally the entire thyroid tissue of the body is contained in these aberrant masses, and their removal would be followed by a cachexia strumipriva.

The tumors are not common. Schrager collected 14 cases from the literature from 1856 to 1906 and added two more from Murphy's clinic. Dr. Chambers has given me permission to report the case from his clinic, and through the kindness of Dr. Bloodgood I am able to add three others from the laboratory of surgical pathology of the Johns Hopkins. This makes a total of 20 cases reported. Median tumors are much more common. Murphy studied 40 cases in his paper on lingual goitre.

Case I.—From the service of Dr. Chambers, City Hospital, P. 205. White female, age 30. Tumors of the neck 15 years. Eight years ago several lumps were excised from the right side of neck. At that time the operator told the patient the lumps were tuberculous glands. Some were not removed because they were so close to the carotid artery. The remaining tumors have grown during the last two years and have been painful. The patient has lost weight and had some giddiness.

Examination.—There are two distinct masses in the anterior triangle of the right side of neck. The upper one is above the omohyoid, is smooth, regular in outline and freely movable. The lower one seems connected with the thyroid gland and extends down under the sterno-mastoid beneath the clavicle. This tumor is nodular, smooth and elastic; moves with the thyroid as the patient swallows. The left side of the neck is negative except for a palpable thyroid in the normal position. No exophthalmus or other symptoms of hyperthyroidism are present. Examination of other parts of the body is negative.

Operation November 18, 1905, by Dr. Chambers; ether anesthesia. Incision along posterial border of sterno-mastoid down to the clavicle. Muscle retracted and upper mass exposed. The appearance of the tumor was characteristic and the diagnosis of aberrant thyroid made. The lower tumor was exposed and found to be continuous with the enlarged right lobe of the thyroid. This was removed in the usual manner. The wound was drained at the lower angle for two days and healed without any complications.

Pathologically, the tumors are thyroid tissue, showing colloid adenoma and chronic thyroiditis.

Case II.—Johns Hopkins Laboratory. P. 7744. Adenoma of lateral aberrant thyroid tissue in the neck. White female, age 36. The small discrete, movable tumors, situated in the anterior triangle of the neck, at intervals from the mastoid to the clavicle, have been present 14 years. There is no note on the condition of the thyroid. Histologically, the tumors are adenoma of the thyroid, with cysts, hemorrhagic and calcified areas. In some of the cysts there are papillomatous ingrowths.

Case III.—Johns Hopkins Laboratory. P. 7478. Adenoma of aberrant thyroid tissue in the axilla. White female, age 50; duration of tumor six years. The tumor, situated in the axilla, is the size of an almond and is adherent to the skin. The thyroid is normal in size. Histologically, this tumor is a colloid adenoma. There is no lymphoid tissue present and the appearance is that of a thyroid adenoma. As colloid areas may occur in epithelial tumors of any kind, there is some doubt about the true nature of this tumor. It may be a primary tumor of the glands of the skin.

Case IV.—Johns Hopkins Laboratory. P. 104. Hypertrophy of the right lobe of the thyroid and of lateral masses of aberrant thyroid tissue in the neck resembling exophthalmic hypertrophy. White female, age 20; duration of tumors two years. The tumors are situated posterior to the sterno-mastoid, and since their appearance the patient has suffered from headache and occasional palpitation of the heart. There is slight exophthalmus. At operation enlargement of the right lobe of the thyroid was noticed, and this was removed with the lateral masses, which were taken for enlarged lymphatic glands. Grossly, the lateral masses resemble normal thyroid. In the center of the lobe of the thyroid there is a small nodule in which the vesicles are smaller, and there is less colloid. Histologically, there are two pictures shown in the thyroid tumor and in the aberrant masses—first, normal thyroid; second, enlarged vesicles with papillary ingrowths and containing masses of degenerated epithelial cells—a picture like exophthalmic hypertrophy.

REFERENCES.

1. Schrager: "Surgery, Gynecology and Obstetrics," October, 1906.
2. Murphy: *Journal of the American Medical Association*, December, 1905.
3. Erhardt.
4. Bloodgood: "Pamphlet on Thyroid."



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December	\$105				
November	\$451	\$1,001	\$300	\$265	\$2,023.00
October	\$480	\$195	\$280	\$245	\$1,200.00
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Aaron Friedenwald Fund					\$1,246.87
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"WATCH IT GROW."

THE campaign for the New Building Fund, to date, is progressing splendidly. A glance at the chart will show a good increase in November over the October returns, but December, possibly on account of the holidays and other factors, has fallen behind. We must all, both county and city members, stir ourselves now and make the latter part of December and January our star months, and increase the fund a great deal.

The Benefit Performance at Ford's was a great success, and will net us over \$500. Dr. J. N. McCormack in his able addresses in the counties and city, has shown to each of us the great importance of concerted action in our work of organization, and the great necessity of a well equipped central building where all the State Medical affairs may be housed, and work in coordination for the good of the people and ourselves. When Dr. McCormack returns in January to address our Legislature, it will be the *stern duty* of each of us, both county and city members, to be present that day at Annapolis, and show by our presence in a body that a united profession is there to support the various health and other Faculty matters of so much importance to the public and unfortunately so long neglected.

PAID SUBSCRIPTIONS TO THE NEW BUILDING FUND TO DEC. 10, 1907.

Dr. L. McL. Tiffany.....	\$1000.00
Dr. Chas. O'Donovan.....	200.00
Dr. W. A. Fisher.....	200.00
Mr. W. A. Putman.....	100.00
Dr. S. Greenbaum.....	100.00
Dr. L. F. Barker.....	50.00
Dr. C. B. Gamble.....	50.00
Through Dr. M. Lazenby.....	50.00
Dr. J. Ruhrah.....	50.00
Dr. E. Kerr.....	50.00
Dr. S. Huck.....	25.00
Dr. C. Getz.....	25.00
Dr. W. B. Wolf.....	25.00
Dr. H. W. Gaddess.....	25.00
Dr. J. A. Chatard.....	25.00
Dr. A. P. Herring.....	25.00
Dr. E. Plummer.....	25.00
Dr. T. L. Richardson.....	25.00
Dr. E. B. Fenby.....	25.00
Dr. A. McGlannan.....	25.00
Dr. T. B. Fitcher.....	25.00
Dr. W. Brinton.....	25.00
Dr. M. Rosenthal.....	25.00

MEDICAL AND CHIRURGICAL FACULTY

13

Hutzler Brothers.....	25.00
Dr. L. M. Allen.....	20.00
Dr. C. M. Cook.....	20.00
Dr. B. S. Hayden.....	20.00
Mrs. J. S. Davis.....	20.00
Dr. A. F. Ries.....	15.00
Dr. W. R. Dunton.....	15.00
Dr. W. E. Wiegand.....	15.00
Dr. J. S. Davis.....	15.00
Dr. O. E. Janney.....	15.00
Dr. C. A. Penrose.....	10.00
Dr. H. M. Simmons.....	10.00
Dr. J. K. B. E. Seegar.....	10.00
Dr. D. MacCalman.....	10.00
Dr. C. Kellar.....	10.00
Dr. S. Rosenheim.....	10.00
Dr. J. G. Stiefel.....	10.00
Dr. S. M. Cone.....	10.00
Dr. T. J. Talbott.....	10.00
Dr. H. C. Algire.....	10.00
Dr. E. M. Wise.....	10.00
Dr. H. C. Davis.....	10.00
Dr. C. Bagley, Jr.....	10.00
Dr. F. W. Hughes.....	10.00
Dr. C. H. Bubert.....	10.00
Dr. D. J. Grinsfelder.....	10.00
Dr. Sally P. Law.....	10.00
Dr. G. W. Mitchell.....	10.00
Dr. W. M. Dabney.....	10.00
Dr. L. K. Hirshberg.....	10.00
Dr. C. A. Clapp.....	5.00
Dr. G. A. Fleming.....	5.00
Dr. J. Bordley, Jr.....	5.00
Dr. S. G. Davis.....	5.00
Dr. E. Hayward.....	5.00
Dr. H. E. Knipp.....	5.00
Dr. R. P. Carman.....	5.00
Dr. G. A. Thiede.....	5.00
Dr. E. Novak.....	5.00
Dr. F. E. Brown.....	5.00
Dr. E. B. Claybrook.....	5.00
Dr. L. Goldbach.....	5.00
Dr. A. Keidel.....	5.00
Dr. A. D. Hirshfelder.....	5.00
Dr. H. D. Lewis.....	5.00
Dr. J. A. Zepp.....	5.00
Dr. E. A. Knorr.....	5.00
Dr. H. L. Smith.....	5.00
Morrison & Fifer.....	5.00
Mrs. E. F. Morison.....	5.00

Dr. J. S. Aydelotte.....	5.00
Cash	1.00
Dr. J. S. Garrison.....	1.00
Dr. J. S. Fisher.....	1.00
Dr. E. Douglas.....	1.00

DR. McCORMACK'S MISSION.

DR. J. N. McCORMACK, Chairman of the Committee on Organization of the American Medical Association, has just completed a three weeks trip through Maryland having spoken in fifteen different counties both to the medical societies and to joint meetings of the profession and public. It was a matter of regret that we could not have Dr. McCormack visit every county in the state, but his time was limited and, even as it was, it was found necessary to curtail his visit two days thus breaking into the itinerant and compelling him to miss one meeting.

Dr. McCormack has been for eight years a teacher in the field of medical organization, and has visited every state in the union and spoken before a countless number of both medical and lay meetings. It may not be amiss at this time to call attention to what medical organization should mean and why it is so important. There is a prevalent idea that it means merely having a medical society in every county. That is the first step it is true, and a most necessary one, but it should not be forgotten that the true work of the organization comes after the formation of such societies and is, we might add, just as difficult and painstaking.

To many physicians the medical society means merely a place to go every now and then to listen to more or less interesting papers and discussions, often times to come away without having learned anything new and without having received any inspiration for future work. It may mean the getting of a book now and then from the Library, or a chance to know a fellow practitioner better. What it should mean is much more and it was this that Dr. McCormack tried to tell both the profession and the public.

It is a long story with many sides to it, but briefly the medical society should be of great benefit both to the doctor and his patient. It should enable him to meet his professional brethren and to learn to know them. As a rule, physicians are fine fellows, but their narrow life often leads them into misunderstandings which are easily overcome if the members of a society get their feet under the same mahogany every now and then, as there is no quicker road to true fellowship than to break bread with your neighbor. There is work for all if it is done in peace and harmony, and if we get together oftener it means a stop to the strifes and discords that have long been the disgrace of the profession.

The medical society should be the post graduate school for the busy practitioner and we shall notice this feature of the work later on in the year. Instead of having on the program nothing but papers, often unimportant and dull, the work of the society should

be planned along definite lines taking up one organ after another, first the anatomy, physiology and the pathology by the younger men who are fresh from the schools, and then the diseases and treatment of them by the older and more experienced members. This plan has been found to work so well that from the Warren County Medical Society in Kentucky it has spread to over five hundred county medical societies and should be taken up in Maryland. This means better educated physicians and incidentally better paid ones.

The medical society should be the teacher of the public along the lines of hygiene and public health. Just at present the papers are full of medical, and more especially pseudo-medical, matter from which the public get their medical ideas. It is high time that the organized profession started in to tell the public about sanitation, the prevention of infectious diseases, the necessity of pure water and milk supplies and the evils of self medication with dangerous and often habit producing drugs. The importance of well organized and efficient health departments should also be taught, as the first step towards securing the necessary aid to their maintenance. As Lord Derby aptly remarked "Sanitary instruction is more needed than sanitary legislation."

If every reputable member of the profession was a member of the state medical society such evils as the unregistered, the itinerant and the advertising physician could be properly dealt with, and cut rate lodge practice, cut rate insurance examinations and the like could be made a thing of the past.

The value of the medical society has been recognized by great corporations employing medical aid, and many already demand membership in the local society as evidence of good standing before appointments are made and this applies to insurance companies, railways and municipalities. The public in many places is also demanding that the family physician be a member of the medical society, and that he attend the meetings as a guarantee that he is up to date and interested in the progress of his profession.

These are only a few of the many things which it was Dr. McCormack's mission to teach us, and now would seem an opportune time to put some of them into practice. Arrangements have already been made for a course of lectures throughout the state to be given in the near future. Dr. McCormack was delighted with the personnel of the profession in Maryland, but he also recognized the fact that in some counties the best use was not being made of the opportunities for organized work. As a rule his meetings were well attended and the arrangements made by the local officers and committees excellent, and Dr. McCormack desired that his thanks be extended to all who helped to make his trip throughout Maryland such a pleasant one and to these are added the thanks of the Secretary. In return the profession of Maryland wish to publicly convey to Dr. McCormack its thanks for his timely and much needed work undertaken so unselfishly in its behalf.

COUNTY SOCIETY MEETINGS.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY.

THE Anne Arundel County Medical Society met in the Old Senate Chamber of the State House at Annapolis, Md., Saturday, December 7, 1907, at 3.30 P. M., at which meeting the public of Anne Arundel County was invited.

The portrait of Dr. John Archer, one of the Founders of the Medical and Chirurgical Faculty, was presented by the Faculty to the State to be hung in the Old Senate Chamber, the presentation address being made by Mr. William Pepper Constable of the Baltimore Bar, and great grandson of Dr. Archer.

The portrait was accepted on behalf of the State by His Excellency, Governor Warfield who referred to the part played by Maryland physicians in the history of the State. Following this ceremony, Dr. Charles O'Donovan, President of the Medical and Chirurgical Faculty, introduced Dr. J. N. McCormack of Bowling Green, Kentucky, who spoke on "Things about doctors, which doctors and other people ought to know."

CAROLINE COUNTY MEDICAL SOCIETY.

THE Caroline County Medical Society met in Denton, December 12. The meeting was very interesting and well attended.

The following officers were elected for 1908:

President—Dr. Theo. Saulsbury, Burrsville.

Vice-President—Dr. P. R. Fisher, Denton.

Secretary-Treasurer—Dr. J. R. Downs, Preston.

Delegate—Dr. F. R. Malone, Greensboro.

The next meeting of the society will be held the 2d. Thursday in April at Greensboro, Md.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.

THE Prince George's County Medical Society met at Hyattsville December 14 at Oaklawn, the residence of Dr. Guy W. Latimer, when the following officers were elected for the ensuing year:

President—Dr. John Cronmiller, Laurel.

Vice-President—Dr. Henry Nalley, Brentwood.

Secretary—Dr. H. B. McDonnell, College Park.

Treasurer—Dr. A. O. Etienne, Berwyn.

Censors—Drs. W. O. Eversfield, Guy W. Latimer and C. E. Postley.

Delegate—Dr. Charles A. Fox, Beltsville.

A collation was served. Those present were: Drs. C. A. Wells, Guy W. Latimer, L. A. Griffith, C. A. Fox, C. E. Postley, W. F. Taylor, W. O. Eversfield, A. O. Etienne, R. A. Bennett, H. T. Willis, L. H. Savage and H. B. McDonnell. The next meeting of the society will be held at the residence of Dr. C. A. Wells, Hyattsville.

TALBOT COUNTY MEDICAL SOCIETY.

THE annual meeting of the Talbot County Medical Society was held in the office of Dr. James A. Stevens, Easton, Md., December 17th. It was called to order by Dr. Edward R. Trippe, president of the society. There was a good attendance of physicians from different parts of the county. Officers were elected for the ensuing year, as follows:

President—Dr. James A. Stevens, Easton.

Vice-Presidents—Dr. Wm. H. Seymour, Trappe; Dr. Charles F. Davidson, Easton.

Secretary-Treasurer—Dr. James B. Merritt, Easton.

Delegate to State Society—Dr. Philip L. Travers, Easton; alternate, Dr. S. Denny Willson, Easton.

Board of Censors—Dr. Charles H. Rose, Cordova; Dr. Samuel C. Trippe, Royal Oak, and Dr. Joseph Rose, Trappe.

HARFORD COUNTY MEDICAL SOCIETY.

SECRETARY'S REPORT.

WHEN we began our year's work, it was decided that we should have men from other places to tell us about the work that they were doing, so that we might know what was going on outside of our own Society. In the six meetings which we have held, several physicians have talked to us on subjects in which each of them is especially interested.

At the first meeting Dr. L. M. Allen spoke on puerperal fever, then Dr. James Bordley told us about the effects of diseases of the nose and throat on the general health. Dr. Gardiner reported some early diagnoses of cancer of the uterus by the examination of scrapings obtained with the sharp curette. The lecture given by Sir Almroth Wright of Netley, at the Johns Hopkins Hospital, were reported by your secretary and Dr. Harvey Cushing described his work on intracranial tumors. At our last meeting Dr. MacCormack said that the time had come for us to cease depending on outside help and work for ourselves.

I thought at the time how interesting it would be if at some meeting Dr. A. should report a case, giving the blood counts in anaemia, with the gain in weight, following rest, food, sunshine, iron and arsenic. If Dr. B. should report an early diagnosis of tuberculosis by means of tuberculin and its recovery, with charts of temperature, pulse and weight, showing the effects of treatment by Wright's method of giving tuberculin, watching at the same time the opsonic index and the clinical symptoms. If Dr. C. should show a chart of sugar elimination in diabetes, with the result of diet, and Dr. D. report the diagnoses of syphilis, by finding the *spirochaeta pallida* before the secondary symptoms appeared.

But I am sure that you think I am indulging in an unprofitable dream, since most of these things are only done in hospitals, and the general practitioner, if he had read about them, has looked at the cost of the instruments needed, and closed the book.

If we could have a lecture each week on cases of interest as they are treated in some good clinic, giving the results gained by the use of instruments of precision to control the treatment, how useful it would be. At our meeting we could have any disease that happened to be present in the country at the time, as for example, typhoid fever. We could see the typhoid organisms as they grow on Dregalski's medium, milk, agar, etc.; Horton Smith's shimmer caused by the bacilli in the urine; the anaemia and absence of leucocytosis; the reaction following Wright's vaccine, the blood count before and after perforation, and many other interesting symptoms and signs which you will remember. In other diseases the findings are just as interesting, and we could in that way actually see the results of our work, and make our meetings an absolute necessity to every man who practices in the county.

R. S. PAGE.

PAPERS READ AT THE ANNUAL MEETING, APRIL 23-25, 1907.

DUTY OF THE MEDICAL PROFESSION IN FIGHTING THE SOCIAL EVIL.

By Charles P. Emerson, M.D.

THE task before the present speaker is not easy. He has been asked to discuss this question not in general terms and along broad lines, but to suggest some definite course of action, some way the organized profession of Maryland can attack the social evil. It is hoped that the result of this meeting will be a step forward, perhaps only a tiny step, but one forward. We wish to stop talking of great things while we merely mark time; we seek for something the Medical and Chirurgical Faculty not only can do, but will do.

If a disinterested person were asked what body of men could, if they would, do most in combating the social evil his reply would very surely be "the medical profession." They, only, know the facts, and any other organization of men entering the lists must borrow some, at least, of its thunder from the doctor. He always has an audience, one at a time, an audience self-convicted, one which trusts him or they would not confide in him; he can, when he will, preach powerful sermons of morality. Prophylaxis is as much the field of the doctor as is treatment of the sick. The triumphs of hygiene are truly those of the medical man, and this applies as much to venereal disease as to small-pox. Not only this but the great problem of the future is the prophylaxis of social disease. The amount of suffering it causes, the number of patients (many of them innocent) it afflicts, make small-pox, typhus fever and the plague appear amateurish. The doctor must face the problem some time, (better now) or be counted with the enemy. The medical profession can best undertake the problem, and since it has the ability and opportunity, it has equally as well the responsibility.

But personal work every doctor who has the good of his patients at heart is bound to do. The question today is, what step can the medical profession as an organized body take? I have almost as little hesitation in saying that its energy will count for most when exerted on the medical students. Purify the fountains of the medical profession, for as the student is, so usually will the doctor be. Belonging to the Medical and Chirurgical Faculty of Maryland is the faculty of practically every medical college of this state. To these professors, if to any one, will the students listen, and while students better than later. Let the medical faculties make earnest efforts to uplift their own medical students, to teach that the doctor should himself be above reproach, and should always be on the side of purity in any moral question. The medical faculties also have the power to weed out from the schools those students who do not give promise of an honorable future, and who while they reap a livelihood from the errors of others often encourage them.

I do not raise the question now whether medical students as a whole are better or worse than the students of the other faculties, but none should be better. It should be impossible for even the theological students to surpass them in the purity of their personal lives and the wholesomeness of their influence. The doctor, under existing conditions, can if he will do as much for the good of those about him as can the preacher, but he can if he will do even more harm.

On some medical diplomas of years ago was the statement that the faculty of that school vouched for the moral character as well as the professional ability of the student whose name it bore. This guarantee was later omitted, and yet the patients of today still expect and trust that the faculty of each reputable university graduate only such men as are morally, as well as professionally, safe. But how far from the truth is this! The faculties of our medical schools devote almost no attention to the moral status of their students. Students may fail because of scholastic deficiencies, but how seldom one hears of a man refused a diploma because of moral unfitness?—no matter how evident that unfitness may be. The faculty seems to consider this to be none of their business. Not only that, but the Young Men's Christian Associations working in these schools find worse than indifference toward their efforts to raise the moral standard of the medical students. Would it not be a distinct step forward for Maryland and an example to the country if the faculties of the schools of Maryland were to think moral fitness really worth considering? Of course you will at once ask how rigid is the standard proposed, and how are you going to find out. We would not judge too harshly from a man's past, nor would we from isolated acts of the present condemn a man, no, nor a woman neither; but we could begin by weeding out those whom we know are consistently bad. If this step were taken perhaps more effective ones could follow. If in doubt where to begin perhaps the police court records will aid, and the record of our venereal clinics, where students are too often patients, will aid.

But this "police work" is almost impossible. A faculty can learn little of a man's private life should the student try to conceal it. Hence the next proposition is more practical. Let the medical faculties so teach that with clear conscience they can say it is not their fault if the moral standards of their students are not high enough. They not only wish them to be high, but they try to make them high. If they won't do this at least let them give free hand to those organizations, such as the Young Men's Christian Association, which are trying to do this. The stories which are told in lectures, the jokes, and above all the light, frivolous, indifferent manner with which moral questions are treated should be stopped, no matter what the professional standing of the professor or instructor may be. The young man should be taught to regard such problems as serious; he should be shown that his own moral character is the subject of the earnest interest of his medical teachers.

In Baltimore the question is not simply a local one. This is a large medical center, and from any effort in the students' behalf a large community will benefit.

In this criticism we do not refer to one school more than to another; perhaps all schools might improve. We do not defend the rich medical student, for other things being equal the more money a man has the better the chance of his spending it. Neither is it a matter of education. A great many consider that education is the effective lever which can uplift men. This is a bad mistake; education may save possible victims, but not reform the wilful transgressor. An increase in knowledge will help those who want to do right to do better, but will help those who want to do wrong to do wrong safely. Some medical students in Baltimore have admitted that they chose medicine because of the peculiar advantages it offered their lower nature. The more a medical student of evil propensities knows, so much more cautious, skillful and hence more dangerous will he be. The best safeguard we know for a young man is an earnest, consistent, prayerful, spiritual life, and this the ignorant laity seem to hope every doctor by virtue of his calling possesses. We would not say that a medical faculty should undertake the religious training of its medical students, (they might do worse) but it has the right to demand a clean personal life as a qualification for admission and necessary condition for a degree. And the student has a right to demand that necessary instruction and advice which will train his moral conscience, as well as the much-talked-of "surgical conscience" and "clinical instinct."

To Baltimore come many young men to study medicine. For some this is their first taste of city life. It cannot be denied that in some parts of the city the student can without any aid or warning from his medical faculty choose a boarding house reputed to be respectable, only to find it the grave of his moral nature. We do not blame the young man; we are sorry for him. We think the faculty ought to make a point of knowing the reputation of every house which tries to get student roomers, and should have a list of

houses they know are respectable. We also think a little instruction on the subject now under discussion might aid much the newly arrived, ignorant, but well-intentioned student.

It may be true that a lawyer or a business man can be a good lawyer or business man and personally of questionable character, but we doubt that this can be true of the doctor. His relation to his patient is so intimate that his medical and moral influence can hardly be separated. The father has a right to expect that were his son to consult a physician as to the result of an indiscretion, that the doctor would preach the young man a serious sermon on morality in better words and with greater force than could the father himself. He would not have the doctor laugh at his son's predicament, make light of it, and assure the young man that "it would be all right." I know that many say the doctor of questionable private life can be "a perfect gentleman" and a model of morality towards his patients, but I doubt if the mother of a slightly wayward daughter would trust him.

As the medical profession teaches, so in some measure society acts. Doctors can quietly defend, encourage, and make a living from the errors of their patients, or if they will, can restrain young men more powerfully even than can the clergyman. As they have successfully fought diseases of physical filth, so they could in some degree, if they would, diseases resulting from moral filth. Hence we beg that the faculties try in some measure to purify the springs whence their profession flows. I beg in the name of the medical students that the faculties of the various medical colleges consider the moral character of the students to be worth noticing and training; that they make it possible for these young men to get respectable boarding houses; that they give them, willing as they are to learn and expecting to be taught, the necessary instruction and warning concerning their own personal lives; that they teach them that equal to their responsibility for the physical health of their future patients is their responsibility to aid in moral prophylaxis; and, should it happen that the lives of any of the medical students are manifestly vile, that they refuse to send these out as accredited doctors with the diploma of their school.

THE PROPHYLAXIS OF SOCIAL DISEASE IN THE HOME.

By Lilian Welsh, M.D.

I HAVE been asked by the president of the Faculty and the chairman of the committee having this meeting in charge to say a few words relating to that aspect of the question under consideration with which the woman physician in her professional work is called upon most frequently to deal—that is, the effects of the social diseases upon the family life, and their prevention. It is in the home that the medical picture shows its darkest shadows, it is here, too, that the most serious social and economic problems growing out of

the social evil present themselves most urgently for solution. No part of the practice of medicine makes greater demands on the knowledge and skill, on the wisdom and tact of a physician than the treatment of the innocent victims of this group of infectious diseases, and nothing in medical experience arouses deeper feelings of sympathy than these unhappy cases, nor greater indignation than the conditions, private and public, that are responsible for them. It has been said the physician who knows venereal diseases knows medicine, and it may be truly added that the physician who knows the social diseases knows human misery.

On account of the damage they work upon the individual, on account of their causative relation to sterility, to foetal and infant mortality, to far-reaching hereditary degenerations, these diseases are a grave menace to family and to racial life, and their prophylaxis is of all medico-social questions the most important. If the true pathological consequences resulting from an unrestricted and uncontrolled social evil were matters of common knowledge to thinking men and women, it would be clear to them that every home in all classes of society has a direct interest in this question of prevention—that this interest is not remote and academic, not wholly moral, social, or philanthropic, but immediate and personal—and existing conditions would become intolerable.

The prophylaxis of social diseases in the home means keeping them out of the home. It involves a knowledge of their modes of entrance and the means necessary for their control. The dissemination of information regarding the significance and prevalence of the social diseases is therefore the first step to be taken towards devising and securing preventive measures, whether one considers the general question of prophylaxis or the special question of protecting the home. The difficulties in the way are obviously so great as to justify taking this first step with extreme hesitation. I shall not enter into a discussion of the methods by which innocent women and children may be infected. The able speaker who has preceded me has made this point clear. The brief remarks I have to make will be confined to one special phase of this question of instruction.

The woman student of medicine comes to her medical course with little or no information on the so-called immoral diseases except that she must fear the revelations to be made. She is profoundly surprised at the attitude of levity, apathy, indifference, or hopelessness with which the whole subject is regarded. As lecture and laboratory, clinic and hospital ward gradually teach her the nature and consequences of these diseases, nothing she must learn about them is so shocking as the conditions governing their treatment. Remedies there are to render a patient innocuous, if seen early, diagnosed correctly, and kept under observation until cured; but not one particle of the legislative and administrative machinery necessary to isolate and enforce the treatment and cure of acutely contagious diseases, nor to protect the innocent. A patient treated in dispensary one day for a loathsome, infectious disease may turn

up next day as a child's nurse, or as a pupil in the schools. For the law these diseases do not exist, and the sole means offered for prevention are secrecy and silence.

When later in the exigencies of practice each sad case of innocent infection makes a burning question of prevention and she seeks a social solution, history and literature assure her that human nature renders impossible the social and moral regeneration necessary for effective prophylaxis—and knowledge in a woman is shameful.

It is this general attitude towards the instruction of women in matters of sexual hygiene that makes any discussion of prophylaxis in the home one of extreme difficulty. This seems to be the only subject left which by common consent a woman should learn from the untaught and untrained, and where intuitions and traditions are the sole information necessary for effective teaching.

But the situation is changing. Twenty-five years of study of the infectious diseases by modern methods have immensely expanded the boundaries of knowledge concerning them. Causes have been ascertained, and unsuspected relationships to pathological effects established. The modern conception that all forms of the social disease are infections whose consequences are more far-reaching than any other with which sanitary science must deal, makes the subject of prophylaxis more urgent than before, from the medical standpoint, and also from the social and economic. Increased knowledge of infectious diseases has given increased ability to cope with them. Notable conquests in some fields of preventive medicine stimulate to renewed efforts in other directions—hopelessness is giving place to promise.

The quarter of a century that has yielded to medical investigation a knowledge of the greater significance of the social diseases to family life has brought about a profound change in the relation of women to the discussion of questions involving the social welfare, because this is the period during which women have finally secured the privileges of education. Education has given them intelligence. With intelligence has come consciousness of power and efficiency. The energy women were obliged to use for so long a time in establishing their right to an education, and in securing opportunities for obtaining it is now being directed with vigor and insistence to the study of all problems bearing upon the life of the home. Clearer vision has not turned woman aside from the pathway along which lies her destiny. For the large body of educated women, the test of the value of knowledge has become its use in promoting the efficiency of family and of community life. Biology is teaching them the great facts of organic reproduction,—they are asking whether physiological necessity justifies one standard of morality for man, while another is required for woman. Hygiene is teaching them the nature of infectious diseases—they are asking whether moral means alone are ever sufficient to protect the household against their invasion. The crusade against tuberculosis is teaching them the weapons both public and private which

must be used in combating one of the great contemporary plagues—they are asking whether these same weapons will not be equally effective against another. Thoughtful women are ready to hear the plain story of the social evil which the medical profession is able to tell them in all its sorry details, ready to learn and to use methods necessary to protect the home against it.

Social workers in settlements, in the juvenile court, in the work of the instructive visiting nurse and of the Charity Organization Society, teachers of the young are finding urgent need for definite instruction on a subject one phase or another of which is constantly presenting itself in their work. I believe, therefore, that the time has come when the medical profession should consider the best means of giving to selected classes of women information in regard to the causes, modes of communication, prevalence, and consequences of the social diseases, and discuss with them measures of prophylaxis. If such selected classes are taught, ways will be found for reaching other classes. I believe, however, that this instruction, because of its nature and the difficulty of the social problems involved, must be undertaken much more carefully and systematically than has been necessary in the campaign against tuberculosis. I am confident satisfactory methods can be found.

To look an evil fairly in the face is to begin to conquer it. Hygienists tell us that information and instruction in regard to the danger of the social diseases have but slight deterrent effect upon the individual, that a man will take his chances. Sanitary science, however, concerns itself with protecting the home and the community against infectious diseases acquired by individuals. Its methods and its power to apply them depend upon an enlightened public opinion. In the interests of the home then, are thoughtful men and women everywhere ready to look the social evil fairly in the face, and to devise means to control it? In our own city, voicing it is hoped the spirit of the press, the *Baltimore Sun* in a recent able editorial has this to say in answer:

"The practical man, as well as the moralist, the reformer and the Christian sociologist, cannot help feeling that our civilization is sadly lacking, so far as protection from this plague is concerned. Sooner or later, however, the problem must be faced.

"The tendency of modern civilization is to get at the root of evils and then to devise and apply the remedy. . . . The main question is, What can civilization do now or what will it do in the future, in a practical, scientific way, to solve the problem? Human nature cannot be changed materially, but it can be educated and trained to a higher degree of enlightenment. It may be made to realize that the conditions which exist in many great cities are perilous in the extreme and are no more to be tolerated than the pollution of the water supply of a city. On this hypothesis civilization may be able to work a reform as great as the triumph of science over yellow fever in Cuba. In the solution of the problem moral influences must play an important part. But the reform ought to be taken up also in a scientific spirit and settled on rea-

sonable and practical grounds, just as we would set to work to protect the nation from plague and pestilence. If civilization cannot do this, if its highest attainments in social reform have been reached, if it is helpless in the face of such conditions, it is a tragic failure."

SOCIAL DISEASES AS A SCHOOL PROBLEM.

By Flora Pollack, M.D.

It is with a feeling of utter hopelessness that I stand here before you to discuss this subject which is of vital importance. My hopelessness is the result of the criminal ignorance of the good women of the land; I say criminal ignorance because it is premeditated and intentional. In order to do anything in this matter we need the coöperation and the sympathy of the women. I am here to speak of the social diseases of the school children.

In a report of the women's venereal department of the Johns Hopkins Hospital Dispensary out of 1000 cases 7.2 per cent. were among the very young children. The common age of these children was between two and four, to be as old as nine years was unusual. In this report I did not take into consideration the school children, but the unfortunate babies appealed to me most because they are the victims of a fiendish superstition common among the laity, colored as well as white, that a person suffering with either one of these diseases can get rid of it by transferring it to a virgin. This superstition is a cause of the infection of the very young children, and I think is the cause of a rape by colored men on white women. In the face of such dense superstition we need missionaries in our alleys, in our factory districts, in our congested home districts much more than we do in China and Japan.

Last year I treated 42 children of whom 30 were school children, a menace to the entire school physically as well as morally. Our city does nothing in the matter of protecting the school children.

In Philadelphia the medical directors are directed to exclude from school all children who are acutely sick and all children who are suffering from a malady that may jeopardize the health of other children with whom they may come in contact regardless of the nature of that malady; therefore, if they discover a school child suffering from gonorrhea, in any of its manifestations, of syphilis, that child is excluded from school; its parents are notified, and the child is kept out of school until all danger is past.

In New York no official investigation is made as to the presence of venereal diseases among school children, but very thorough examinations are made of the children. Out of 79,065 children examined, there were 22,493 cases of enlarged anterior cervical glands and 4,989 of enlarged posterior cervical glands. It is usually regarded that anterior cervical glands are tubercular or due to malnutrition, and posterior glands, syphilitic.

If I had 32 cases at the small dispensary, and if there are eight other dispensaries in the city that have treated a similar number, these, with the number the general practitioner may have treated, may be said to be 320 school children treated in one year, which number would relatively equal that of New York, granting that not all of the 4,989 cases were venereal.

In Boston the school inspectors order children having these diseases out of the school, and if they are not properly cared for at home, the board will put them into a hospital for proper treatment just as we should a case of diphtheria.

In Chicago they do not especially exclude these diseases; but they do exclude all transmissible diseases which include these. I regret to say that in Baltimore we allow the children to go to school even though we know they have the disease.

ABSTRACT OF SOME OBSERVATIONS ON THE ABSENCE AND MARKED DIMINUTION OF THE HYDROCHLORIC ACID OF THE GASTRIC CON- TENTS IN CANCER INVOLVING ORGANS OTHER THAN THE STOMACH.

By Julius Friedenwald, M.D., and L. J. Rosenthal, M.D.

IN a series of examinations as far back as 1842 Golding Bird, determined the relation of Hcl and organic acids in the vomit of a case of cancer. He concluded that free Hcl was diminished in proportion to the patient's loss of strength; and the organic acids correspondingly increased as the Hcl was diminished. Van den Velden was the first to announce the absence of Hcl as a diagnostic sign in cases of gastric cancer.

Since this time many observers as Boas, Einhorn, Osler, have confirmed these findings. While Hcl is frequently absent in cases of gastric cancer; it is also absent in cases in which the carcinoma is present in organs remote from the stomach. Fenwick first noted changes in the gastric mucosa in carcinoma of organs other than the stomach.

In 16 cases of cancer of the breast observed at autopsy, atrophic changes occurred in the gastric mucosa; similar changes were observed in cancer of tongue, rectum, penis and groin. Ewald reports a case of cancer of the duodenum with atrophic changes in the gastric mucosa. Riegel points out that in these cases changes occur in the gastric contents long before a gastritis appears. In order to investigate this subject more thoroughly Moore, Alexander, Kelly, and Roaf, performed a series of examinations of the gastric acidity in 17 patients suffering from malignant diseases at

situations distant from the stomach and came to the conclusion that in the 17 cases of carcinoma, in different situations, such as the uterus, prostate, rectum, tongue, and cheek; that free HCl was absent in about $\frac{2}{3}$ of the cases; while in the remaining cases the amount was below normal. The probable cause of the absence of the HCl from the gastric secretions is due according to these investigators to "alterations in the degree of alkalinity of the blood plasma in malignant disease *i. e.* in cancer the basic reactivity (the power to neutralize acids) is constantly increased, apparently depending on an increased power of the blood proteids to bind acids; with a simultaneous reduction of the available hydrogen ions.

"It is not the total alkalinity of the blood, which is the determining factor in the power of the oxyntic cells to separate a fluid of acid reaction from the blood plasma, but rather the effective concentration in the hydroxyl ions and hydrogen ions respectively. "If we suppose that the failure or reduction in quantity of the acid is an indication through the mechanism of the oxyntic cells, that the concentration of the hydrogen ions in the blood of carcinomatous patients is decreased and the concentration of the hydroxyl ions increased; then we have indications from analogy with the changes which occur in other growing cells under like conditions that such a change would probably give rise to increased cell growth and division."

In our examinations the acidity of the gastric contents of 29 cases were investigated; of these there were 9 cases of cancer of the breast, 5 of cancer of the uterus, 7 of cancer of the rectum, 2 of cancer of the tongue, 4 of cancer of the face, one of cancer of the intestines, and one of cancer of the pancreas. In all cases an Ewald test breakfast was given, and removed at the end of an hour, and the gastric contents examined for total acidity and percentage of free HCl.

In 19 cases or (65 %) there was either an absence or diminution of free HCl. That this absence or diminution of free HCl persists even after removal of the carcinomatous mass is shown in 10 cases, in which the examinations were made after total extirpation of the growth. In not one did free HCl return. Whether the explanation of Moore, namely that this condition is due to alterations of the degree of the alkalinity of the blood plasma, is true or not, there can be no question that the phenomenon is due to some general condition in the blood and that this condition persists after removal of the growth. In conclusion we desire to call attention to the fact that Moore has already pointed out, that in doubtful cases of cancer, no matter where the situation of the growth, the absence of the HCl of the gastric secretion may be, a valuable aid in diagnosis.

Society Reports.

BALTIMORE CITY MEDICAL SOCIETY.

SECTION ON CLINICAL MEDICINE AND SURGERY.

MEETING FRIDAY, DECEMBER 6.

J. W. Williams, Chairman.

J. A. Chatard, Secretary.

S. M. Cone, third member of Executive Committee.

THE USE OF TUBERCULIN IN DIAGNOSIS AND TREATMENT.

I. *Tuberculin in Diagnosis*—Dr. Louis V. Hamman.—In the past five years the interest in tuberculin has been revived on account of the demand for early diagnosis. In this paper by tuberculin is meant the original tuberculin of Koch, or O. T. as it is abbreviated. It is made by growing tubercle bacilli in a 5 per cent. glycerine bouillon, evaporating the culture to one-tenth its volume, filtering off the tubercle bacilli and adding to the filtrate an equal volume of glycerine. This tuberculin, therefore, contains part of the original culture media, the metabolic products of the tubercle bacillus and its soluble protein. By this soluble protein material probably the active principle is furnished. The active principle is an albumose, differing, however, from the albumose of digestion. Healthy guinea-pigs are unaffected by 2 c.c. injected subcutaneously, while tuberculous guinea-pigs show a febrile reaction to .05-.1 G. In man 10 mg. is the maximum dose, beyond which normal individuals may react. In tuberculous individuals the following picture develops in 4 to 36 hours, usually 8 to 12 hours: Malaise, temperature rise, either gradual or abrupt. In 6 to 12 hours the temperature falls. Pulse-rate and respiration rise with the temperature. If the tuberculous focus is external, the lesion becomes red, swollen and moist. At the site of injection is seen infiltration, the skin is red, painful and quite tender. The reaction is manifested in four parts—(1) constitutional, (2) febrile, (3) focal, (4) local. There is no relationship between the severity of these and any one may be present without the others. The constitutional reaction shows prostration, headache, pain throughout the body, and often nausea and vomiting. These symptoms may become alarming and be protracted for days unabated, though this is unusual. In most cases the patient is quite well after 12 to 24 hours. The fever may drop so abruptly as to be called crisis, but generally more slowly by lysis. The temperature lasts, as a rule, 6 to 24 hours, but occasionally persists for days. It may come down in from 4 to 36 hours, though rarely over 24 hours. The focal reaction in the lungs is manifest by pain, increased cough and expectoration, and occasionally tubercle bacilli, before absent, may appear in the sputum.

Associated with these changes—or, indeed, without them—the physical signs may change, the breath sounds altered and râles appear or become more numerous. These changes occur commonly at the height of the reaction and disappear with the fever. The size of the dose or height of the temperature has no influence. It is best to depend on definite physical changes and on râles to determine this reaction. This focal reaction was found in 14 of 50 cases. In these patients the signs rapidly receded. As to whether tuberculin will cause a local lesion to spread, we do not think so. However, we do not give tuberculin to any case when a diagnosis can be made on physical signs alone.

As yet there is no uniformity in the method of employing tuberculin. Almost everyone develops a method of his own. The newer methods depend on the principle that a single dose or repeated small doses sensitizes an animal to subsequent injections. The number of doses is almost as important as their size. Reactions to descending doses are uncommon, but do occur; reactions to repeated small doses will occur in 40 or 50 per cent. of all cases that react. The danger we run with repeating small doses is the immunizing of the patient. We may have marked general symptoms and a reaction at the site of injection without a definite febrile rise. To get a reaction in these cases we must give a rapidly rising dose. By the so-called "mild" method unpleasant results are avoided and the results are definite and reliable. The only objection is that it takes more time. A dose that causes a slight reaction should be repeated before going to a larger one.

The fourth feature, the local reaction, is seldom absent, and as yet its nature is not satisfactorily explained. Calmette of Lille uses the eye and v. Pirquet of Vienna the skin as the seat of the reaction. We have no experience with the eye test to report, but we have records so far of 138 vaccinations. These results we divide into four groups:

1. Definitely tuberculous cases.....positive 49, negative 11=60
2. Cases suspected of having tuberculosis..positive 26, negative 20=46
3. Cases of other disease.....positive 6, negative 5=11
4. Healthy individuals.....positive 14, negative 5=19

Of the 11 with other diseases, 2 had valvular heart disease, 2 lobar pneumonia, 2 neurasthenia, 1 ozena, 4 typhoid fever (2 positive, 2 negative). Of the suspicious cases, 13 subsequently got diagnostic doses of tuberculin. In 3 of these vaccination and injection were both negative. In 10 with positive vaccination, 8 reacted to tuberculin and 2 did not.

Work on animals has established the specificity of tuberculin: In 8000 instances in cattle only 2.3 per cent. of contradiction (Fränkel); in 7327 instances in cattle only 2.7 per cent. of contradiction (Nocard). Many advanced cases do not react; in others at autopsy the lesion may have been overlooked. A positive reaction, therefore, means a person has tuberculosis; a negative, that he has at least no active lesion or else a very advanced one.

Clinically, the tuberculin reaction runs more closely parallel to the ana-

tomical rather than the clinical diagnosis.* Beck gave tuberculin to 2508 patients with various diseases, and 60.8 per cent. reacted and 39.2 per cent. did not. This is the clinical side, and for the pathological Burkhardt in 1262 autopsies on adults found evidence of tuberculosis in practically all, but in 37.5 per cent. the lesions were inactive; 39.2 per cent. and 37.5 per cent. correspond closely. In our series of 80 cases 69 reacted and 11 did not. Of the 80, 13 had definite physical signs and all gave a positive reaction. In 60 history and examination were suggestive, and of these 52 reacted and 8 did not. In 7 cases other disease than tuberculosis was present, 2 had bronchiectasis, 3 neurasthenia, 1 sarcoma and 1 arthritis deformans; 4 reacted, 3 did not. A tuberculin reaction, then, in itself is no evidence that a patient has clinical tuberculosis, nor is it evidence, in fact, that he has tuberculosis. Witness: two cases of bronchiectasis, one of sarcoma of wrist and one of arthritis deformans, reacting. The tuberculin reaction acquires significance only as part of the general clinical picture. A negative reaction is, in our experience, conclusive. In a positive reaction focal reaction is the determining and decisive feature. Then we know that the patient has tuberculosis and also something of its extent. In 50 of our suspected cases 14 showed focal signs. Tuberculin reaction can never be made the test of admission to sanatoria. The tuberculin reaction and finding the tubercle bacillus in the sputum are not comparable in any sense as diagnostic signs.

Dr. Hamman showed quite a number of patients illustrating the skin vaccination in its various forms and also control vaccinations.

II. *New T.-R. Tuberculin in Localized Tuberculous Lesions*—Dr. Rufus I. Cole.—Tuberculous infection manifests itself in two ways—locally and in general symptoms, as fever, poor nutrition, etc. Each may exist independently of the other. Therefore we have a tuberculosis of signs and a tuberculosis of symptoms. It is probable these two are due to different causes and the tubercle bacillus acts in two ways. Tuberculin imitates the general symptoms, and by repeated injections with it the patient can be immunized. Trudeau says we get relief of general symptoms with tuberculin, as a lowering of the temperature, gain in weight, etc. Similar results were obtained at the Johns Hopkins Hospital. The tuberculin does not cure tuberculosis, and the reaction may even make the tuberculosis worse. Koch says these results are harmful, though how the harm is done is not known. Perhaps more soluble poison goes to the focus, and so the resistance is lowered. In small doses tuberculin relieves the symptoms. There are two ways of giving tuberculin—(1) repeated doses, with no increase; (2) an increasing dose, avoiding any reaction. If we get a reaction and this reaction is harmful, the method giving us a reaction is not the best way to give tuberculin. Theoretically, we do not know increased antituberculin substance in the blood to be advantageous. This may be due to diversion of complement owing to excess of amboceptars. Koch perceived that antituberculin affected only general symptoms, and not the local; so he used the bacilli themselves. V. Behring, Trudeau and others say that we can

get a true immunity only with living bacilli. Koch used mechanically killed ground-up bacilli in saline solution and centrifugalized. At the top was the "Tuberkulin ohera"—old tuberculin. The lower portion he ground up, forming an emulsion. This was the "Tuberkulin Resta," and was probably specific against the formation of tubercles in the body. Wright used this, and it is most important. He advocated repeated small doses of this tuberculin and found it gave a moderate immunity toward the bacilli. Clinically, experience with it is not wide enough to determine decisively. It was given to 12 patients over a period of six months at the Johns Hopkins Hospital with quite satisfactory results. The dose was 1-500 mg., repeated, and at first this was controlled by the opsonic index. Owing to errors in technique in getting the opsonic content of the blood this method of control was found to be unsatisfactory. There is no evidence that opsonic immunity is in relation to tuberculin immunity. During the last four months the doses have been given at weekly intervals uncontrolled by the opsonic index. It is the ideal to be able to tell the amount of antituberculin in the blood each time.

III. *Tuberculin in Orthopedic Surgery*—Dr. R. Tunstall Taylor.—In the work by Dr. E. A. Knorr and Dr. Taylor at the Hospital for Crippled Children, the results of which were presented in a paper before the American Orthopedic Association, entitled "The Study of Vaccines and the Opsonic Index in Relation to Orthopedic Surgery," the technique of Wright was followed. It was desired to confirm his work, demonstrating the opsonic charts obtainable in vaccinated and unvaccinated patients with articular tuberculosis, with and without secondarily infected sinuses. In the main Wright's technique, with some modifications suggested by Dr. Simon, was followed. The effort was made in this work (1) to demonstrate the curves as shown in Wright's charts, (2) to confirm the clinical diagnosis, (3) to test the effect of vaccination with tuberculin and bacterins clinically with the bearing on opsonic charts with reference to the size of the dose for children and frequency of administration. Including a control cure of a non-tuberculous child, 17 opsonic charts were kept. Tuberculin T.-R., with beginning doses of 1-2000 mg., were used once a week. All these children, with one exception lost sight of, have continued to improve, and also lived outdoors at the Mountain Hospital from June to October. The results were: (1) The curves followed in general those of Wright and others, (2) they confirmed the clinical diagnosis, (3) doses of tuberculin over 1-500 mg. tended to lower the resistance, as shown by the opsonic chart, and that, clinically, doses of 1-1000 mg. weekly, with no attempted increase, gave the best results. These results are sufficiently encouraging to warrant the continued use of tuberculin as indicated in localized tuberculosis.

Painter, with Thorndike and Stone, reports nine cases of advanced bone tuberculosis treated with tuberculin T.-R., and in one or two cases with the old tuberculin also. Two cases of advanced amyloid disease were helped by tuberculin. They sum up: Four cases were not helped at all, two were

most extraordinarily improved and one other case with very grave symptoms may be classed as improved, attributable to the vaccines; two have died and a third is dying. Another case has perhaps been rendered temporarily worse by the treatment. Taking out the two cases that have died, since surgical measures imposed more of an infection than any vaccination could take care of, two cases are left to speak positively in favor of tuberculin. However, a larger trial and more careful selection of cases may bring better results.

John Riddlon of Chicago, in a study of 10 cases, feels that while results so far have been far from brilliant, this should be encouraging rather than discouraging, and that injection treatment guided by the tuberculo-opsonic index to be a prominent step in advance in the treatment of tubercular joint disease.

Dr. James C. Young of the University of Pennsylvania and Dr. R. I. Cole report encouraging results with tuberculin in tubercular joint disease.

These reports of isolated cases warrant persistence in the use of tuberculin, either the tuberculin T.-R. or of the old tuberculin as advocated by Trudeau.

It is felt that for the treatment of small children the balance is in favor of the minute doses of the tuberculin T.-R.

Many interesting cases were shown by Dr. Taylor.

DISCUSSION.

Dr. W. S. Halsted said in 1889, after a talk with Dr. Trudeau of Saranac, the treatment of surgical tuberculosis by the open-air method was taken up in this country. Tuberculin has also been used in this period for diagnosis. Until lately the dose of one-half to two mg. has been given as large doses.

In a resume of a few cases Dr. Halsted spoke of one where no reaction was obtained, though the patient has tuberculosis. At one time these negative results were thought to be due to errors in technique. In another case that gave no reaction the lesion was in the cartilage of a rib, and was so small and well walled off that the lack of reaction was explained.

A third case cited illustrated the importance of sensitization of the patient in the diagnostic use of tuberculin. The reaction is often delayed.

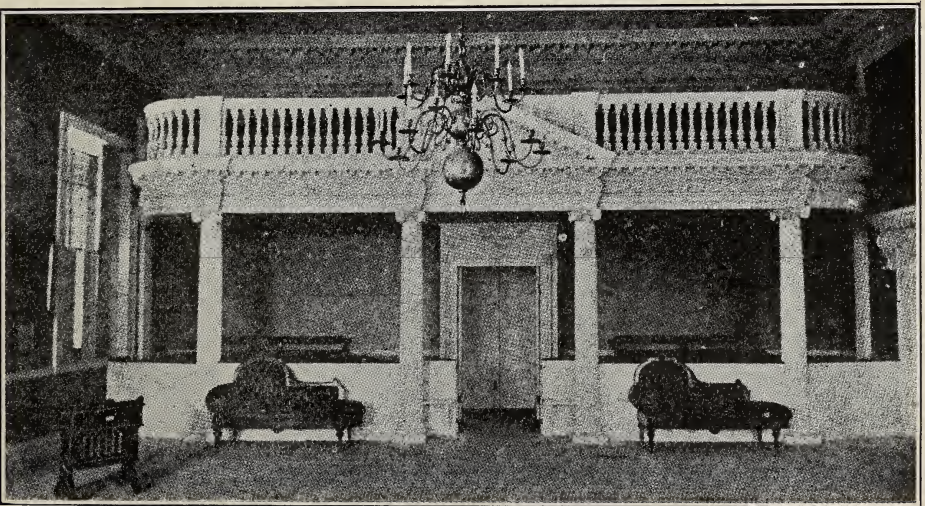
Dr. Gordon Wilson spoke particularly of the eye reaction and its importance in diagnosis, and cited several cases that gave a typical conjunctival reaction. It is best to use a definitely celebrated tube (tubes like vaccination tubes were shown and are now being put on the market). Use a 3-10 of 1 per cent solution in one eye and repeat 24 hours later in the other eye.

Dr. Allen of the College of Physicians and Surgeons spoke of the relation of tuberculin to the opsonic index and reported favorably upon the work done to date at the City Hospital.



JOHN ARCHER, M.D.,
of Harford County, Md., First Graduate in America to Receive a Medical Diploma
1741—1810

Portrait Presented to the State of Maryland by the Medical and Chirurgical Faculty, the Ceremony Taking Place in the State House at Annapolis, December 7, 1907. The Portrait Will Be Placed in the Old Senate Chamber, Where the Medical and Chirurgical Faculty Was Organized in 1799, Dr. Archer Being an Honored Founder



STATE HOUSE CHAMBER AS IT APPEARED IN 1799.

Where the Medical and Chirurgical Faculty of Maryland Was Organized By Dr. Archer and His Associates

MARYLAND MEDICAL JOURNAL

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BALTIMORE, JANUARY, 1908

THE PREVAILING EPIDEMIC OF INFLUENZA.

AS WE go to press the city of Baltimore and the State of Maryland are sharing in the epidemic of influenza, which is now sweeping over a large area of the United States. The family physician is likely to be kept very busy, owing to an uncommonly high sick rate; influenza, once epidemic, is so contagious that a large proportion of the population is usually attacked. The disease is no respecter of age or sex; the outbreak has begun almost explosively, and if the history of previous epidemics is repeated influenza will prevail in marked intensity for several weeks, after which the morbidity will gradually lessen until the epidemic dies out.

In most epidemics one hears doubt expressed as to whether real influenza or la grippe is occurring. While it seems certain that several different micro-organisms are capable of giving rise to epidemics of what we clinically know as influenza, most of the large epidemics with severe cases appear to have been due to infection with the *bacillus influenzae*, discovered by Pfeiffer in 1892. There has been some question among physicians as to the exact nature of the epidemic now prevailing in this State, but we are in a position to inform our readers that the present outbreak is associated with the activity of Pfeiffer's bacillus; it has been definitely demonstrated here in Baltimore in stained smears and in cultures made from the sputum of patients suffering from the disease.

Influenza is a disease which can give rise to an uncommonly great variety of clinical pictures. In some instances we have to deal with the mildest sort of a distemper, in others with as severe a malady as ever confronts the physician. The so-called "typical influenza attack" is easily recognizable—the sudden onset with fever, the severe pain in the head and eyes, with shooting pains through the limbs and back, the associated cattarrhal inflammations of the respiratory tract (rhinitis, angina, laryngitis, tracheitis, bronchitis), the marked prostration, the tendency to relapse and the tedious convalescence are familiar to all. It is when epidemic influenza has been absent from a country for years and a fresh epidemic occurs that we see great numbers of these so-called typical cases. But in a year like the present, when the epidemic is one of a series of epidemics recurring almost yearly, the disease tends to run a milder course, and many of the so-called atypical cases are met with.

Some of the patients now being attacked present the typical and classical picture, but every practitioner who reads this editorial will have been impressed, we feel sure, with the large number of atypical cases he has met with deviating from the definite type. Three of the commonest deviations

are the nervous, the pneumonic and the gastro-intestinal varieties of influenza. All due to the same bacillus, the variable clinical pictures must depend either upon variations in the distribution of the infective agent in the body or upon differences in susceptibility of the tissues in different persons to the toxins the bacillus produces.

The severe nervous type is, fortunately, rather uncommon, but in times when influenza is epidemic cases of meningitis, acute hemorrhagic encephalitis, disseminated myelitis or multiple neuritis, due to the influenza bacillus, sometimes occur. The practicing physician should also bear in mind that a severe neuralgia is sometimes the only symptom of a larvate influenza.

The pneumonic type of influenza deserves especial mention. Though it has long been known that pneumonia is more than ordinarily frequent in epidemics of influenza, it is only recently that this relation has been explained. The studies of the last few years have proved beyond reasonable doubt that there is such a thing as a true influenza-pneumonia due to the *bacillus influenzae*, a pneumonia which stands by itself, independent of ordinary lobar pneumonia and of other forms of acute broncho-pneumonia.

A true lobar pneumonia, due to its ordinary cause—the pneumococcus—may, it is true, complicate an influenzal infection, but it seems extremely probable that many—perhaps most—of the cases of pneumonia accompanying influenzal epidemics are instances of true influenza-pneumonia. The disease is usually a broncho-pneumonia, often with such small foci at first that the patient may present high fever, cyanosis and frequent respiration for several days before marked alterations in the physical signs appear in the thorax. Even after abnormal physical signs become demonstrable they may alter suddenly from day to day; spots outspokenly unfiltrated one day may be clear the next and new foci may continue to develop, both lungs, as a rule, being involved. The tough purulent, often greenish, sputum is only rarely rusty. The termination is frequently by lysis rather than by crisis, and recrudescences and relapses are common. Influenza pneumonia has a high mortality; it often lasts longer than ordinary lobar pneumonia, and the danger to the heart seems to be greater.

The gastro-intestinal type of influenza appears to be a common form in the present epidemic. At any rate, here in Baltimore an unusually large number of patients with abrupt gastro-intestinal upsets are now being met with, and, though the proof has not, so far as we know, been brought, there is evidence which makes it seem reasonable to assume that they are influenzal equivalents. Some of the patients present the clinical picture of an acute (though frequently a febrile) gastro-enteritis—anorexia, nausea, vomiting, watery diarrhea, with tenesmus and marked “lameness” of the abdominal muscles; in some the gastric symptoms are more marked, in others the intestinal.

In addition to the three atypical forms above mentioned, various other bizarre forms are assumed. Our space will not permit us to deal with these now, though we desire to throw out the hint to physicians that they be on the lookout for cutaneous manifestations of influenza (herpes, hyperemia and scarlatiniform, though non-desquamative, exanthems).

The question naturally arises, Why should we be having each winter such outspoken epidemics of influenza? The epidemiologists now think that

they can tell us. The bacilli die easily outside the body, so that the source of the infection has to be sought in human bacillus-carriers. In people who have had uncomplicated acute influenza the bacilli usually disappear from the sputum in from one to two weeks after convalescence is established, but in patients who have had an outspoken influenzal bronchitis or influenzal pneumonia the bacilli may persist in the sputum for months. More important still, patients with bronchiectatic or tuberculous cavities in their lungs, once they have been infected with influenza, may harbor these bacilli certainly for more than a year (possibly for many years). It seems probable that such chronic carriers keep cultures of the bacillus going from season to season, and when the climatic conditions necessary for epidemic prevalence reappear the disease again becomes generally diffused.

THE TREATMENT OF INFLUENZA.

INFLUENZA should be regarded always as a serious disease. In large epidemics so many mild and abortive cases occur that both laity and physicians are too prone to forget the graver possibilities. As no one can foresee with certainty which patient is to have a mild attack and which a severe one, every case should be carefully treated from the beginning as though the infection were to assume a severe form.

As soon as the first symptoms appear the physician should order the patient to bed and should keep him there, warmly covered, until some time after his temperature has become normal. The disease is especially prone to relapses, and many serious results have followed the mistake of allowing patients to get up too early in convalescence. If seen at the very onset, a hot tub bath or a hot mustard foot bath should be given; after this the patient, wrapped up warmly in bed with a hot water bag at his feet, if he sip half a pint of very hot lemonade, will probably begin to perspire and immediately be somewhat relieved of the headache and general bodily pains so often troublesome at this stage. Should the headaches and pains persist, one or two doses of phenyl salicylate and acetphenetidin, or similar pain-stilling remedies, may be administered, but it is desirable to avoid coal-tar products as much as possible; indeed, it is a cardinal principle in the treatment of influenza to apply no depressing or weakening remedies, owing to the great tendency of the disease itself to prostrate the strength of the patient. The temperature of the well-ventilated room should not be allowed to fall below 60° F. nor to rise above 65° F.

The diet during the febrile period should be liquid, but nourishment of some sort, preferably warm, should be offered every two or three hours while the patient is awake. Many purge mildly with a mercurial at the beginning of the treatment and a saline laxative in the morning is often administered. Violent purgation, like other violent measures, is, however, harmful in influenza.

In the typical acute influenzal attack very little other treatment is necessary unless the rhinitis, the angina or the bronchitis are severe, in which event treatment directed toward these should be instituted. When these catarrhal inflammations of the respiratory tract are prominent at the beginning a full dose of Dover's powder on retiring, followed by a saline in the morning, will be found beneficial.

If the throat symptoms are severe, a gargle of liquor sodii boratis com-

pisitus, N. F., diluted with water, is soothing. When the cough is troublesome at night and disturbs sleep one-quarter or one-half grain of codeine phosphate or one or two teaspoonfuls of paregoric will relieve it.

During convalescence there should be a return as soon as practicable to a roborant diet and general measures directed toward improving the patient's strength and nutrition should be adopted. A bitter tonic is often advantageous for a time. For this purpose one may order, for example, a grain of quinine sulphate thrice daily before meals or teaspoonful doses of elixir ferri quinae et strychninae phosphatum after meals.

In the severer forms of influenzal bronchitis, and especially in influenza pneumonia, the therapeutic wisdom of the practitioner may be taxed to the utmost. Besides the rest in bed, judicious diaphoresis and fresh air, it may be helpful to apply hot poultices to the chest, for in influenzal affections one should make hot, not cold, applications, as a general rule. An exception, perhaps, may be made for the throat. In angina or in laryngitis and tracheitis a cold compress about the neck is grateful and permissible. Should the sputum be very thick and tenacious, especially in the so-called "capillary bronchitis" or broncho-pneumonia, small doses of sodium iodide in elixir may promote expectoration. This drug is especially helpful in the protracted cases. On the other hand, if the sputum be thin, watery and profuse, inhalations of oil of turpentine are indicated or elixir of terpin hydrate may be given in teaspoonful doses. Wherever avoidable it is better, however, not to give drugs, as the fewer drugs administered the less likely the stomach is to be disturbed. In influenzal pneumonia the heart should be closely watched, and if a stimulant is required coffee, black and hot, may be given by mouth or caffeine sodio-benzoate, N. F., in three-grain doses hypodermically. One of the best heart stimulants in sudden collapse is camphor. A 5 per cent. solution of camphor in sterile olive oil may be kept ever ready, and in an emergency an ordinary hypodermic syringe should be injected subcutaneously.

In the gastro-intestinal form of influenza the general principles of rest and hot applications also apply. It is just as well to withhold all food for 24 hours. The vomiting may be checked by a sinapism over the epigastrium and by sipping small quantities of very hot water or taking a little cracked ice. If the diarrhea is weakening, it may be lessened by a few doses of subsalicylate of bismuth, or, better perhaps, a few 15-grain doses of pulvis cretae aromaticus cum opio, N. F. After the vomiting and diarrhea have stopped a little strained barley gruel may be tried, then a little milk and lime water, and if these are well borne there may be a gradual return, through soft, to normal diet.

Of the treatment of the troublesome complications and sequelae so often met with we have not the space at this time to write. The post-influenzal neuralgias and neurasthenias are often very resistant to treatment. A persisting bronchitis after influenza is often mistaken for tuberculosis when in reality no tuberculous infection exists. In such cases great care should, however, be taken to prevent tuberculous infection, as the convalescent from influenza is very susceptible to Koch's bacillus. It is to be feared that occasionally a non-tuberculous influenzal bronchitis becomes tuberculous through the patient's being sent by mistake to a tuberculosis-sanitarium for treatment.



DEATH OF DR. REULING.

AS THE forms of the January JOURNAL were being prepared for press we were startled by the sad intelligence of the death of our editorial associate, Dr. Robert Charles Reuling, at the age of 35 years, after a brief illness of pneumonia.

Dr. Reuling was a graduate of the Baltimore Medical College, class of '93; a member of the Medical and Chirurgical Faculty of Maryland and of the Johns Hopkins Medical Society, and was recently appointed pathologist to the Second Hospital for the Insane at Sykesville. He had specialized strongly in neurology by thorough study both in this country and abroad. He had first-rate skill in the laboratory, his clinical work was good, and in the literature he was, as JOURNAL readers know, a discriminating student.

Correspondence.

COMMUNICATION FROM DR. D. W. CATHELL.

Baltimore, Md., December 18, 1907.

Editors Maryland Medical Journal:

When one reflects on the ten-thousand-dollar and the one-thousand-dollar and the five-hundred-dollar fees allowed by the new fee table adopted by the Medical and Chirurgical Faculty in May last, and published in the December number of the JOURNAL, he naturally concludes that such charges are intended to cover either very extraordinary cases or cases occurring in persons noted for their wealth, and we all know that both such classes of cases do occur; but to know that such fees are actually gotten sometimes makes one feel something in his mind and heart akin to envy.

General practitioners also have highly important cases, and as one of them I would mention a non-fee table plan that I often follow, which enables me to obtain a fee that is a little more just to my pocket and to my reputation

than it would be oftentimes under the unfair fee table system.

We will now turn to a money subject that is of direct importance to every general practitioner in America.

Looking back 50 or 60 years we find that neither the amount of practical knowledge then possessed by the average medical practitioner, nor the worth of services based on that knowledge, can at all compare with the wisdom and worth of the average practitioner of medicine today, because the great art of medicine itself was then based on much less certain and much less numerous facts than we now possess.

Owing to this lack of development our profession then and even up to about 30 years ago was composed almost entirely of all-around men, who were then called "family physicians," but now known as general practitioners, all working under an unjust fee system, thousands of them barely eking out an existence on the pittance their practice brought them.

But since those bygone days medical knowledge and medical practice have undergone great advancement, and this has caused to spring up in all large communities numbers of scholarly and scientific medical men, known as "specialists," who each devotes himself to some one of the various branches of study and practice, and in consequence of their advent our profession now consists of two well-known divisions: Our surgeons, gynecologists, laryngologists, oculists, neurologists, alienists, proctologists, etc., in one division, known as specialists, and in the other the legion of family physicians, now called general practitioners.

Owing to the good and satisfactory work being done by these specialists and the resulting excellent reputation they have earned for themselves, the size of their charges for services and the time at which their fees are due and payable are no longer governed by the old 1847 fee-table methods, for which they have but little or no respect, but in lieu thereof each of them wisely adopts some more or less definite financial policy of his own, and rightly puts his own valuation on his services to his cases and makes his own terms of payment, naturally taking care to charge this and that patient sums commensurate with his services and large enough to materially aid in giving him and his dependents a comfortable support, with some addition for his own and their needs when he is no longer able to labor; and each rightly leaves every other man to put his own

value on his services and to pursue his own methods in collecting.

Money-getting is not the chief object of the worthy physician, yet it always has been and always must be one of the objects, because no one can live by his calling without money. Yet in our noble and humane profession everybody, whether specialist or general practitioner, willingly and rightly does, and we hope always will, do his share of "no-charge" work among the worthy poor, and all act as Good Samaritans to any who are in the grasp of physical distress, and each has cases in which he humanely gives to those who appear to deserve it "a poor man's bill," and every practitioner, for one reason or another, often gets but little or nothing from people well able to pay, sometimes not even "Thanks" for very valuable services, occasionally even for saving life itself; and almost everyone also encounters transient, indefinite, chronic, emergency or minor cases, in which he charges only a meager pay-by-the-visit fee, whether attended at their homes or at his office.

But when it comes to rendering important and well-marked services for patients who can afford to pay just fees there exists a very great difference between the size of the charges and the terms of payment of the specialist and the general practitioner, for then every specialist impressed with a correct idea of the value of his services ignores the number of visits and all other lesser details and names this or that specific sum, with the worth of those services as the basis.

On the contrary, his brother, the general practitioner, in computing the amount he shall charge, even in well-defined and highly-important cases, sometimes even involving life itself, unjustly belittles himself by acknowledging that old, self-belittling method of computing by the number of visits made, with but little or no regard for anything else; and today, while the fees of your wiser brethren are estimated by their skill and services, the public is still willing to measure yours by that ridiculous old method, and consequently you seldom or never receive an adequate and just fee in highly-important cases.

When your surgical friend, or your gynecological neighbor, or a specialist of any kind approaches the fee question his better business system leads him to recall all the difficulties of the case, and the time and the trouble and risk required, and then to "lump his fee into a round sum of even figures, five, ten, fifteen,

twenty, twenty-five, fifty, seventy-five or a hundred dollars, and so on up, and we all know that this round-charge method, instead of injuring one's standing, actually strengthens and extends his professional reputation, and he is apt to receive his better fee promptly, with but little or no quibbling and little or no rebate. You also know by experience that when you call a specialist in consultation your patient cheerfully pays him five or ten dollars for his visit, and often cash.

But when Dr. G. P., after unwisely allowing weeks or months to elapse and one fee after another to accumulate, say seventeen, thirty-four or even dollars, finally ventures to send his bill, the astonished patient wonders how it is possible that he owes Dr. G. P. seventeen dollars, and may demand to know for whom his or her doorbell has been pulled seventeen times, and poor G. P., after recalling the various visits to several wide-apart cases, fearing that there exists some doubt or objection, to retain their good-will or from pinching need of money, or from fear he may have to earn it over again in collecting it, may actually make a considerable reduction, for cash, from this self-pauperizing per-visit amount.

Now if, instead of binding yourself invariably and always to this old per-visit relic of antiquity, you will begin and, whenever possible, charge a just and feasible "lump sum" for attending the case, and never let the amount sink down to the exact number of visits, it will benefit instead of injuring your reputation, and help your pocketbook, too; and when circumstances compel you to let the fees for two or more cases run together, charge *per case* for each important one, and be ready promptly to disown the *per-visit* method, more especially when unusual time is given with the service, or an additional responsibility is placed on you by reason of the patient's social position and his importance in the community, or by your having to treat him by a regular and prolonged system.

We are now living under greatly changed conditions and in prosperous times, and although a dollar is still a dollar, yet its purchasing power is vastly less than in 1847, when eggs were six or seven cents per dozen, with everything else in proportion, and it is your duty to yourself and to your dependents to drop this per-visit mode of charging whenever the gravity of the case or the responsibility justifies, and in lieu thereof to do good, up-to-date work, and then, unless it is an ordinary day visit or an ordinary office call, to make the

abstract question of the value of your services the foundation of your charge, taking care that the amount named be sufficient to cover distance, visits, detentions and all other legitimate features, varying the charge to different people, according to their ability to pay.

If a good patient employs you, and you charge him twenty dollars when some less wise per-visit brother would charge him but thirteen or fourteen, you will still be called when he needs you again if he believes you can do more for him than any other physician in reach, for he is not then thinking about fees but about personal safety. Indeed, we might almost state it as an aphorism *that the physician who habitually charges by the visit instead of by the case, when the services are important, constantly robs himself of both prestige and fees, and in the professional race unconsciously puts his own self in the position of an armless man in a rowing match against men with arms, or a legless one in a contest of speed against men with legs.*

Prompt rendition of a just but round-sized bill for an important case begets fuller appreciation of the services, and if you will write on the face of every lump bill rendered the words "Important Case," or "Surgical Case," or "Obstetrical Attention," or whatever other awakening explanatory phrase agrees with the facts, it will set the patient to thinking in the right direction.

Editorial Comment.

A RECOGNITION OF SERVICES RENDERED BY HOSPITALS.

Interstate Medical Journal.

THAT hospitals should be compensated for services rendered to those who, though belonging to the humbler class, nevertheless receive such treatment that without it death would probably supervene is an illuminating idea that has come to us by way of London. In a recent action tried in the King's Bench Division by Mr. Justice Darling the jury awarded to the plaintiff, a boy who had been seriously injured through being knocked down by an omnibus, £750 damages, and at the judge's suggestion the jury also decided to turn a certain part of the damages over to the hospital in which the boy had received the surgical intervention which saved his life. To quote Mr. Justice Darling: "In a case like this, where a person receives the benefit of a charitable institution and such benefits as have been conferred on this boy; where it is perfectly obvious that the boy would

have died but for the accurate diagnosis of the clever house surgeon, the immediate decision that an operation was necessary, and the calling in of a skilled surgeon, and where the staff of the hospital has exercised such skill, a substantial contribution should be made to the institution."

Here we have considerable food for thought. With a carelessness, not to say ingratitude, the public at large has always demanded the best medical or surgical treatment from our hospitals without so much as a thought as to the skill which is exercised by the physician or the surgeon at a critical moment or the expense of harboring, with care and solicitude, a patient in regard to whom no idea of compensation could be entertained. The accepted fact that our hospitals, with their corps of skilled physicians and surgeons, must not withhold from a poor patient who has met with an accident or who is critically ill the immediate relief which it is in their power to give has passed beyond the province of controversy; but when, after receiving the benefits which only scientific treatment can bestow, a patient is awarded damages, all courts throughout the world should imitate the wisdom which Mr. Justice Darling showed in the recent case tried in England.

The popular idea that the men who preside over the destinies of our hospitals are above recognition for their own services and are indifferent to the welfare and prosperity of their institutions is born of a figment on the part of the public that the best fruits of medical or surgical skill are theirs by right, irrespective of the possibility of a public acknowledgment, as was instanced in the English judge's words, or a monetary return to a hospital in case damages are awarded.

Skill is only acquired after many years of apprenticeship, and to take it as a matter of course, to be had for the mere asking, is placing it on a low rung in our estimate of unusual qualities. Again, skill, as we all know, cannot always receive its due reward in a monetary sense, nor would we have the possessors thereof delight in its possession merely as a means to that end, but it should enjoy the compensations which come from an appreciative sense of its value. A public that jogs on from precedent to precedent and accepts a thing just because it has become inured to it needs a jolt to awaken it to a proper understanding of certain abuses which, by custom, have become inherent in our social system. And the custom to regard a surgeon's skill and a hospital's care of

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THE TREATMENT OF GENERAL SUPPURATIVE PERITONITIS.

By Robert W. Johnson, A.B., M.D.,

Professor Principles and Practice of Surgery, Baltimore Medical College; Fellow of American Surgical Association; Fellow of Southern Surgical and Gynecological Association, etc., etc.

READ BEFORE BALTIMORE CITY MEDICAL SOCIETY, JANUARY 3, 1908.

WHEN Xenophon, as far back as 400 B. C., described the wanderings and repulses of the Greeks in their great march to the sea, he gave a parallel to the march, halt and repulses of medicine and surgery in the treatment of peritonitis, a *terra incognita* for centuries, and still a borderland of mystery and too often of death. Our way has been marked by headstones rather than milestones, but at last we seem to be emerging from the woods, and, like the Greeks, may shout, "The sea! The sea!" None but a skilled anatomist can trace the peritoneum in its recesses, but we can all appreciate the extent of this great serous cavity when we think that were it spread out it would cover as large a surface as the skin, with a vastly greater power of absorption, as we know to our sorrow. This sac covers nearly every abdominal and pelvic organ and wall, and has but the openings of the Fallopian tubes. The manner of its envelopment may be appreciated from Morris' description: "The peritoneum is a serous membrane, and is identical with other like-named membranes which are less complicated in their disposition. It differs in no essential particular from the pleura or from the simple vaginal sheath of a tendon. In all there is practically a closed sac of thin membrane, which is so disposed as to both line a cavity and to invest the structures which encroach upon that cavity (Human Anat., Morris, p. 1045). Imagine all the viscera to have vanished from the abdominal cavity, a great space would exist bounded above by the diaphragm, below by the pelvic floor, and in front and behind by the abdominal parietes. This space would be evenly lined by the peritoneum in the form of

a simple closed sac. As the viscera reappeared they would merge, as it were, from the posterior wall of the belly, and would project into the cavity of the abdomen. In so doing they would push before them the peritoneum lining the posterior wall of the cavity, and would each in turn become invested by the displaced membrane. All the abdominal viscera are outside the peritoneal cavity, although they are obviously within the abdominal space. The peritoneal sac remains entirely empty, and its wall, with the exception of the Fallopian orifices, is unbroken. That part of the simple sac which lines the anterior abdominal parietes is practically the only part which retains its original connections undisturbed. One main function of a serous membrane (as in a joint) is to minimize the effect of friction. Those viscera which are exposed to most movement, such as the small intestines, are the most completely invested by the smooth membrane; those which remain fixed, such as the kidney, are only casually invested" (*idem* 1046). This great absorbing expanse, capable of taking up the body's weight in 24 hours "is not equally susceptible," says Piersol (*Human Anatomy*, p. 1754), "to traumatism or to infection on both its surfaces or in all its parts."

The external areolar or "wrong side" (a metaphor used likening the peritoneum to paper on the wall) may be so extensively separated from the subjacent structures, as in the extra peritoneal approach to the ureter or to the common iliac artery, or may be in contact for a long time with an inflamed or suppurating surface (as in perineal or other retro-peritoneal abscess), without danger to the meso-thelial or free surface of the membrane, and with but little risk of the supervention of peritonitis. On the other hand, a small penetrating wound made with a dirty instrument will probably set up a diffused and perhaps a fatal inflammation. The parietal is less easily inflamed than the viscera and pelvic peritonitis, para appendicitis, para-colic peritonitis is less dangerous than peritonitis beginning among the shifting coils of intestine. The anatomical sources of peritoneal infection may therefore be arranged approximately in the order of gravity as follows, by Fowler, himself an authority on and a victim of appendicitis:

- (a) Perforations or wounds of the small intestine.
- (b) Perforations or wounds of the stomach or large intestine.
- (c) Perforations or wounds of other viscera, including kidney, ureter, bladder, pancreas and the bile passages.
- (d) Entrance of bacteria by continuous growth through inflamed gastro-intestinal walls.
- (e) Bacterial migration through strangulated intestine.
- (f) Infection through Fallopian tubes.
- (g) Wounds of the abdominal wall.

While speaking of the anatomical prognosis, experience has shown us that penetrating wounds above the umbilicus after fast-

ing are less harmful than below that region; that an antero-posterior wound gives more hope than a transverse or oblique bullet track, for reasons that are more or less axiomatic, and that, too, in spite of its proximity to the diaphragm, a region whose lymphatics Fowler has so wisely taught us to avoid by his post-operative position. Of course, a localized inflammation anywhere, with a tendency to form walls protecting the peritoneum, is far less dangerous than a spreading peritonitis even in the less fatal zones. Again, the character of the infection has a great deal to do with the outlook, for we recognize no real peritonitis without the presence of bacteria there or thereabout; and idiopathy is another plea of guilt to ignorance, though more euphonic. I say the source of infection must be considered. Staphylococci are less baneful than streptococci, pneumococci than colon bacilli, gonococci than tubercle bacilli. Indeed, streptococci are often so virulent that the patient may die of acute septic peritonitis before suppuration takes place due to the absorption of the fulminating toxins before pus can be formed by their action on the phagocytes who do not arrive in quantities before the patient dies.

I will not weary you with the differential diagnosis of the various kinds of peritonitis, but let me quote a graphic and condensed description by Da Costa (*Modern Surgery*, p. 868) of a general suppurative peritonitis, simply to recall a picture which those who have seen will not wholly forget:

"Chilliness or a rigor is common, followed by fever, the temperature rising to 102 or 104° Fahr.; pain is intense and is accentuated by motion and pressure; the attitude of the patient is assumed to relieve pain (he lies upon his back, with the shoulders raised and the thighs drawn up); there are vomiting, obstinate constipation and rigidity of the abdominal walls, followed by distension when the intestines become parietic from septic poisoning. The pulse is rapid; is at first wiry, but may become gaseous. The constipation may be due either to tympanitic distension or to the shock and toxemia inhibiting intestinal peristalsis. Vomiting is frequent. In perforation gas often passes into the peritoneal cavity and it may obscure the liver dullness; in tympanitis without perforation the liver is apt to be pushed up and its dullness often remains, but on a higher level. Pus unconfined by adhesions will gravitate to the most dependent part of the peritoneal cavity."

My object in this paper is not to dwell on the anatomy, etiology or symptoms of suppurative peritonitis, interesting as each subject may be, but to call attention to late improvements in the treatment which are not recognized or described in the most modern textbooks of practice, which, if the practitioner of medicine follows, I fear will not advance his treatment to the present date of surgical knowledge by as much as a decade. Suppurative peritonitis—in fact, all peritonitis—is a surgical disease and should be treated as

such by men versed in the means modern surgery provides. Take such modern authors as Anders, who says in his "Practice of Medicine," 1907, p. 960, "Surgical measures are recommended by most writers in the treatment of generalized peritonitis, although it is more generally conceded that in cases due to mild infection by the gonococcus, the colon bacillus and pneumococcus, nothing is to be gained by this operation." He then goes on to mention the opium treatment and salines, saying "by increasing the peristaltic movement they diminish the danger of peritoneal adhesion." Calomel is also advocated as a preliminary to the saline treatment. "Nathaniel's Encyclopedia," 1907, edited by Rolleston, F.R.C.S., of England and Stengel of Philadelphia, p. 830, says: "The medical practitioner's chief aim in an acute diffuse peritonitis must be to act from a prophylactic point of view, and when the disease is fully developed to insist on quiet and the administration of opium." Later he admits that surgery holds out some hope. Thus we see that both by their own confessions and antique methods show that peritonitis is not a medical disease, but should at its recognition be given the benefit of surgical treatment and surgical advice.

In order to appreciate the steps by which the treatment of peritonitis has emerged from desperate, unsatisfactory and stupefying methods to a point where now there seems to be a real rift in the cloud that overshadowed it, let us look at the stages of its development.

The ancients had great respect for the peritoneum and seldom tampered with it except in such operations as hernia or ascites called for active measures. Some of them considered it a nervous membrane, others a tendinous one, and fierce were the differences in professional circles as to the propriety of tapping an ascetic patient, the opponents of the operation declaring it did no good and that the soul escaped with the fluid. ("Histoire de la Médecine," Spreugel, Vol. IX, p. 136.)

Coming down to the middle of the last century, listen to this treatment by as competent a surgeon as Colles ("Surgical Lectures," p. 136), who could not rid himself of the baneful teaching of that leech Razzori: "You bleed him immediately again; you direct the abdomen to be fomented or rubbed with warm oil. After free bleeding has been practiced and an impression made on the disease, you should give calomel and opium in doses of three grains of calomel every three or four hours; your clyster now will empty the large intestine and give a stimulus to the small intestines likewise to act, and you may order a gentle laxative by the mouth. Do not too readily yield to despair in one of these cases, for it sometimes happens that after all the surgeon's hopes are gone the patient suddenly improves and recovers completely." With the gradual—and I say gradual advisedly—reaction against the blood-letting methods in exhaustive diseases the controlling of

pain was considered the *sumum bonum*. Alonzo Clark of New York introduced his opium treatment of peritonitis, and here is a sample of it:

"This is one of the cases treated successfully by Prof. Alonzo Clark. The patient took within the first 26 hours, of opium and the sulphate of morphia, a quantity equivalent to 106 grains of opium; in the second 24 hours she took 472 grains; on the third day 236 grains; on the fourth day 120 grains; on the fifth day 54 grains; on the sixth 22 grains, and on the seventh 8 grains, after which the treatment was suspended." (In one week, then, over 1000 grains.) "Flint's Practice of Medicine," 1886, p. 570.

I can well recall some of my own experience in the late 70s when, as a student, I was called on to watch at night with other doctors' patients. I remember once sitting quietly by a lovely victim of appendicitis (probably), with general peritonitis following. There she lay, without much pain, very drowsy, muttering delirium, belly distended, Hypocratic face, etc., and then we all did nothing but give opium. It kept her quiet—very, very quiet—at last. And yet there is an element in this opium treatment that we cannot cast entirely aside today as we do the blood-letting. We shall see later that we use it to prevent the spread of infection and to quiet pain. But it is subsidiary and not in such stupendous doses, nor until a diagnosis is made. The pendulum now swung to the other side; instead of the bowel in splints by opium it was thought wise by Tait to keep it hustling—to use a Western phrase. This was based on the toxine theory, and his idea was to hurry them as fast as made from the peritoneal cavity by repeated doses of salts and their resultant evacuations. Epsom and Rochelle salts were given in dram doses every hour, and this action was supplemented by enemata or turpentine. Whatever good effect this treatment had in the way of prophylaxis, it seems little less than barbarous with our present lights as a curative measure. Besides the above medical means, surgical methods now became popular. Opening the abdominal cavity, searching for the cause, whether it were appendicitis or perforation or gangrene; removing it at any cost, eviscerating the patient, washing out the abdominal cavity with gallons of salt solution, either continuously or intermittently; rubbing off the protective lymph by gauze sponges from each coil of intestine, breaking up adhesions and leaving fresh raw surfaces for further absorption—all had their advocates and were sometimes followed by sporadic cures, but we could feel no security nor could we look on peritonitis as anything less than a desperate condition; in fact, so unsatisfactory were the results that the pendulum was swinging again toward opium and starvation, and operation only in exceptional cases, on account of the fatal shock attending, on what we might call the "roughhouse" rather than the "toilet" of the intestines.

"Previous to 1900 the surgical treatment of diffuse septic peritonitis was attended by results which tended neither to establish it as a method of choice nor to furnish an agreeable retrospect for those of us who now know better, with a mortality rate approaching 100 per cent. These cases were viewed with dismay by the surgeon." (Knott, "Anatomical Annals of Surgery," July, 1905.)

In 1900 Fowler of Brooklyn, acting on the researches of Muscatello, who demonstrated the lymphatics of the peritoneum preponderate in the diaphragmatic region, toward which there is a normal flow of lymph, conceived the idea of calling gravity to our aid against absorption, and placing the patient in a semi-upright position he found that the septic fluids tended to gravitate *away from* the absorbing surface of the diaphragm and collect in the pelvic region, where experience has shown us that peritonitis is not so virulent. Hence the Fowler position, one important item in the present treatment of disease.

While the last word in the treatment of diffuse suppurative peritonitis has not been said, nor will be for years, still such wonderful results have been accomplished of late, reducing the death-rate from 70 or 80 per cent. down to 10 per cent. or less, that I feel quite justified in bespeaking your attention, especially those of you in general practice whose treatment may be guided somewhat by the recent or earlier textbooks on practice which I have shown earlier in this paper are quite archaic in treatment.

Le Conte (*Annals of Surgery*, February, 1906) gives the following *résumé* of the present treatment, in which, as he says, there has been an elective process from older methods and the best points selected. To Murphy of Chicago is due the assembling of technique influenced by his wise judgment and the genius with which he handles abdominal problems:

"First. In removing the cause of the peritonitis the less the peritoneal surfaces are handled the better, for nature has thrown out protecting lymph which inhibits the absorption of toxic substances, and in handling such surfaces there is danger of bruising and rubbing off the lymph, opening up a new avenue for absorption and infection. Therefore Murphy believes that no attempt should be made to sponge the peritoneal surfaces or to wipe off any lymph that may be found, as such manipulation would increase the danger of septic absorption.

"Second. When the patient is placed in the Fowler position the fluids in the peritoneal cavity will tend to gravitate toward the pelvis, and in addition the action of the diaphragm during respiration will help to pump the fluids in that direction, making drainage of the lowest part of the pelvis with a tube very important. If there is sufficient fluid in the pelvis to fill the tube, each excursion of the diaphragm will pump a certain amount of it out, which will be absorbed in the dressing. It must be remembered that it is

not the quantity of fluid present which is harmful, but rather the extent of the peritoneal surface which comes in contact with it; so that a quart of pus contained in a round cavity would be less dangerous than an ounce thinly coating over the peritoneal surface.

"Third. It is well known that patients with a diffuse septic peritonitis stand a short operation well, but a prolonged one badly; therefore when all one's energy is directed to at once removing the cause of the peritonitis, and all other procedures except drainage eliminated, an operation can be speedily completed, on an average, perhaps in six or eight minutes. This naturally permits of a minimum amount of anesthetics, thereby directly decreasing the chances of shock and vomiting after operation.

"Fourth. The advantages of the Fowler position are so well recognized now that it only needs to be mentioned.

"Fifth. Murphy's method of introducing large quantities of water into the rectum is novel. He inserts a nozzle containing three or four openings into the anus to which is attached a rubber tube leading to a bag. This bag is filled with water and elevated but a few inches above the plane of the rectum, the idea being that the water shall just trickle into the rectum not much faster than absorption takes place. In this way from a pint to a quart of water should be allowed to trickle in during an hour, the process being a continuous one and the flow so regulated that no accumulation of fluid takes place in the bowel. In other words, an attempt is made to run the water in as fast as it is absorbed. The object of having more than one outlet in the nozzle is that in case flatus accumulates in the rectum it will pass out through one of the openings in the tube, while the others continue to discharge the water into the rectum. When it is desirable to stop the flow of water the tube is disconnected from the nozzle, the latter remaining in the anus, thereby avoiding irritation to the anus by the constant removal and insertion of the nozzle and at the same time facilitating the passage of flatus. By this method large quantities of water will be absorbed within the first few hours of the operation. This absorption does two things: First, it reverses the current of lymph in the peritoneal lymphatics so that, instead of absorption taking place from the peritoneal surface, the mouths of the lymphatics pour out fluid, bathing the peritoneum with this free discharge. The posture, together with the action of the diaphragm, constantly sends this fluid downward to the pelvis, washing away the infectious material from the peritoneum in its descent and escaping from the pelvis through the drainage tube. Second, the free absorption of the fluid from the rectum stimulates the heart and kidneys and largely increases the amount of urine passed, eliminating through this channel the septic material which has gained entrance to the circulation. After the ordinary abdominal section in a non-septic case the average amount of urine

secreted in the first 24 hours is perhaps 15 ounces, and in the presence of sepsis it is apt to be even less. In the first case that I shall report this evening more than 60 ounces of urine was secreted in the first 26 hours.

"Sixth. Stopping all food and liquid by mouth will check peristalsis and prevent the dissemination of septic material by peristaltic movements. The absorption of large quantities of fluid by rectum is quite sufficient to sustain the patient for 48 hours or more, but if the condition of the patient is so precarious that food seems a necessity, small quantities of it can be run into the rectum with the water."

Under this method Murphy reported 33 cases, with but one death, and the list of successes grows daily.

Personally, I have seen and treated a limited number of diffuse or general peritonitis cases most satisfactorily by this method. It has taken the despair out of this disease, as antitoxin did out of diphtheria, and has relegated it to about the same category as diphtheria under antitoxin treatment. I heartily commend it to you from its simplicity, ease of performance, physiological basis, and lastly, and most convincing, its life-saving results.

THE PROPAGANDA FOR THE UNITED STATES PHARMACOPEIA AND THE NATIONAL FORMULARY.

By John Ruhräh, M.D.,

Professor of the Diseases of Children and Therapeutics in the College of Physicians and Surgeons, Baltimore, Md.

REMARKS MADE AT A JOINT MEETING OF THE PHYSICIANS AND PHARMACISTS, UNDER THE AUSPICES OF THE BALTIMORE BRANCH OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, BALTIMORE, NOVEMBER 26, 1907.

It gives me great pleasure to be here tonight to say a word about the propaganda for the United States Pharmacopeia and National Formulary. I have been asked to speak of the practical aspects of the question and to make suggestions which will further the use of the preparations contained in these two authoritative works.

We have in them nearly all the drugs which any practitioner could ever care to use and a few more. There is room for some improvement, no doubt, but that will come with time and is another story. It is not necessary to discuss at this time the reasons why physicians should prescribe these preparations in preference to the specially prepared products of the various manu-

facturers, as you have all heard that question fully considered at other meetings. The part of the problem to which I invite your attention is how to get the medical profession to use the United States Pharmacopeia and National Formulary preparations.

This resolves itself into two parts—the medical students and the practitioners of medicine. The first part of the problem should be comparatively simple. The student should be taught not only about drugs, but also where to find accurate information concerning them. I refer my students to the National Dispensatory, the Pharmacopeia and the National Formulary, as well as the text and reference books by well-known authorities, and tell them to beware of the statements about drugs issued or inspired by those who market them, reminding the uninitiated that otherwise well-meaning people often draw their incomes and their opinions from the same source. I would not have it understood that I consider all the statements of manufacturers to be incorrect; far from it; but I think that experience and investigation have shown rather clearly that much of the literature distributed to physicians is misleading and fallacious. In addition, the student must have the various preparations shown him throughout his medical course, and there should be ample instruction in prescription writing both by example and precept. I try to teach my students never to give a dose of medicine without knowing exactly why they are giving it, and never to include a drug in a prescription without knowing why they are so doing. I try also to impress upon them the necessity for writing simple prescriptions and avoiding mixtures about which they are uncertain; and, lastly, never to give a dose that is unpleasant when a palatable one can be used instead without interfering with the efficacy of the prescription. In a word, if we want the students of today, who are to be the practitioners of tomorrow, to use simple and effective drugs in preparations which may be obtained almost everywhere, it is only necessary to enlist the support of the professors and teachers of therapeutics in the 161 medical schools of this country, and I think that the majority of the students will be started aright.

The second part of the problem is the more difficult—that is, the instruction of the physician in practice along the same lines as I have mentioned above, but I am quite sure that it can be more easily accomplished than one would ordinarily suppose. It is possible today, at least here in Maryland, where it would have been totally impossible, or at least very difficult, a few years ago. The medical profession of the State is becoming well organized and is ready to take up movements of a more or less general nature that are recognized to be of benefit to the public and to the profession. The medical profession is, so to speak, sitting up and taking notice, and is more than ever ready to learn about things which vitally concern it.

There are three ways of reaching the medical profession—through the press (I mean the medical press), the medical society and by personal appeal. Every medical journal which has not been throttled by the mercenary instincts of trade should lend a hand. There will be some who are paid not to, and others who think that they cannot afford to publish such articles on account of their advertising, but many can and will. The *Journal of the American Medical Association* has been publishing for some time just such articles as the profession need. Every number of any journal which is devoted to the idea of the propaganda of the United States Pharmacopeia and the National Formulary should contain a short, attractively written article on some one drug and how to prescribe it, and there should be sample prescriptions. These sample prescriptions should have been tested practically by having them compounded before they are published. Not every published recipe will look well or taste well, and care should be taken in this regard.

From time to time the subject should be brought before the local medical societies, not always in the same manner, but short talks should be given from time to time on the subject of drugs and prescribing, and attention called to some of the recent exposures of nostrums. It would not be amiss to have conferences on prescribing, including such members as wished to attend and several pharmacists, who doubtless could be easily induced to attend such meetings. This was mentioned last year, and I trust that in the near future we may have such classes here in Baltimore.

Lastly, by appealing to the physicians personally a great deal can be done much in the same manner as the wholesale manufacturer does it. Letters and circulars will for the most part find their way unread into the waste-paper basket. Some few may be looked over and these will help the cause. Sampling the physicians with a few attractively put up bottles of the more interesting of the National Formulary preparations will in many cases serve to call the attention of the busy practitioner to their existence. Later on he can be given and told about others and have the reasons explained why it will be an advantage to use them. This is not at all an impossibility. I know of two pharmacists here in Baltimore who have done a great deal in this manner quietly and unostentatiously and without much hope of direct reward. If the pharmacists who are interested in the use of these preparations would divide up the physicians and each take the ones who are in their neighborhood or who are known to them personally, and each see a certain number every month, the whole thing could be done in a very short time. This work must be followed up systematically, as only one visit or sample will not always arouse a man's interest, but repeated efforts would, I am sure, be crowned with success in almost all instances. There is a certain percentage of physicians

who would not be influenced, but this number is small. In one of the New Mexico towns every physician in the town has agreed not to use proprietary preparations and to use instead the United States Pharmacopeia and National Formulary preparations, and there are several campaigns in various counties and States. What the remainder of the country is doing in this matter is interesting and often inspiring, but we should remember that the thing which immediately concerns us here is the propaganda in Maryland, and especially in Baltimore city.

In closing I would like to say just one word to the physicians present. Perhaps most of us have given up the use of these proprietary preparations, but if there is anyone here who has not, let me suggest that he send for a copy of the "Propaganda for Reform in Proprietary Medicines" published by the American Medical Association, and after he gets it and reads it he will go back to the Pharmacopeia.

WHAT THE DRUGGIST SHOULD DO.

By H. A. B. Dunning, Pharm. D.

TO MY mind the question, "What should the druggist do to spread the propaganda of the United States Pharmacopeia and the National Formulary?" is a simple one to answer. There is, however, another more difficult question so closely connected with the foregoing one that they must necessarily be answered at one and the same time. This question is, "How should the work be done?"

First of all, the individual druggist should have ready made those preparations which are the most popular, particularly the ones which require some time to prepare and more particularly those which he has had one call for. Most assuredly he should not buy them of the manufacturing chemist. The preparations should be made very carefully for two reasons—firstly, to insure the physical agreement of the finished product with that prepared by some other druggist; secondly, so that any defects in the formula may be observed and reported to the National Formulary Committee.

It should be remembered that although therapeutically the formulas of the National Formulary are as they should be, because of the attempt to have the finished preparations represent the active ingredients unchanged and in full strength, the physical characteristics of some few may be faulty, and that it should be the endeavor of every pharmacist to correct these, in most instances, comparatively unimportant defects, by offering their criticisms through the proper channels.

It should further be remembered by those who criticise the prod-

ucts of the National Formulary formulas for other than a helpful purpose that no great system may be perfected in the beginning, and that the National Formulary, like the United States Pharmacopeia, is a great and important work of the highest aims, and is destined, like the Pharmacopeia, to become most useful and helpful to both physician and pharmacist. Give it a chance.

Those druggists who are already interested in the work should endeavor not only collectively, but individually, to rouse the enthusiasm of other druggists so that they will attend meetings for the purpose of discussing the formulas of the National Formulary and United States Pharmacopeia and ways and means for spreading the propaganda.

There should be joint meetings of the physicians and pharmacists so that they, the pharmacists, may impress the physicians with the advantage of a universally non-secret formulary, pointing out clearly that the physician, by referring to the formula, is able to observe what he intends administering to his patient besides the so-called active ingredients. It should be pointed out further, as most physicians are aware, that proprietary preparations purporting to contain the same active ingredients frequently vary in strength, solvents and other constituents according to the ideas of different manufacturers. Moreover, it is too frequently the case that the therapeutic activity, at least of some of the constituents of the preparation, is lost sight of in the endeavor to offer an agreeable, palatable and elegant product. This assertion is not simply an unsupported statement or guess, but is the result of observation.

Further, the pharmacists at each joint meeting should have on exhibition a limited number of samples, the discussion of which, from a pharmaceutical standpoint, should be led by a pharmacist, and, from a therapeutic standpoint, by a physician, both of whom have been appointed previous to the meeting. At these meetings the physician should be earnestly solicited to give the result of his observation of these preparations as he finds them in the sick-room, any criticism of the physical characteristics or otherwise being carefully noted by the secretary, as well as the difficulty had in having his prescriptions filled.

As the constant discussion of one subject at the consecutive monthly meetings may grow monotonous, I believe some time in the future it would be well to have at least two papers to be read, one by a physician, the other by a pharmacist, on subjects which would be mutually interesting.

It would be very desirable and I think appropriate to have two physicians on the propaganda committee.

As to whether the doctor should be presented with a National Formulary or an epitome of the National Formulary and the United States Pharmacopeia, and whether or not he should be detailed and circularized, I am not certain, and would be glad to hear the matter discussed by the members of the association and their guests, the physicians.



PROCEEDINGS OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

\$50,000

TO BE RAISED BY APRIL 30, 1908

“Watch It Grow”

	1st Wk.	2d Wk.	3d Wk.	4th Wk.	Totals.
Theatre Benefit..					\$553.75
April					
March.....					
February					
January	\$100	\$270			
December	\$105	\$145	\$175	\$165	\$590.00
November.....	\$451	\$1,001	\$300	\$265	\$2,023.00
October	\$480	\$195	\$280	\$245	\$1,200.00
Subscriptions to October, 1907					\$4,273.00
Aaron Friedenwald Fund					\$1,346.87
Osler Fund.....					\$19,140.00
Value of Present Realty.....					\$15,000.00

NEW BUILDING FUND.

THE campaign for the New Building Fund is still commanding the attention of the members of the Faculty, and is being actively carried on. Contributions have been received from more than one-half of the city members, and a special effort is being made during the month of January, to have every city member contribute, even though it be a small amount. The county members have shown their interest in this campaign by arranging meetings, when representatives from the Faculty will present to them an opportunity to contribute to this fund.

There is every reason to believe that by the time this notice appears in the JOURNAL, the site for the new building will have been purchased. This will give a powerful impetus to the campaign, and it is hoped will influence the Legislature and the public to lend their aid in this important cause.

The erection of a new Medical Library Building, which will also be a Public Health Institution for the State of Maryland, is of vital interest to every doctor, and should receive their support both financially and otherwise. Several important movements are on foot, which will be announced later, that will give the public an opportunity to show their interest in this movement, and we hope add largely to the funds already received. Doctor, if you have not given, do so at once, and show your interest in this new building by getting contributions from your friends.

PAID SUBSCRIPTIONS TO THE NEW BUILD- ING FUND FROM DECEMBER 10, 1907, TO JANUARY 10, 1908.

Theatre Benefit.....	\$553.75
Dr. L. F. Barker.....	100.00
Dr. J. H. Grimes.....	50.00
Dr. H. Adler.....	33.33
Dr. J. T. King.....	30.00
Dr. W. B. Perry.....	25.00
Dr. H. M. Wilson.....	25.00
Dr. C. N. Branin.....	25.00
Dr. C. M. Franklin.....	25.00
Dr. H. H. Hayden.....	25.00
Dr. J. H. M. Rowland.....	25.00
Dr. J. J. Carroll.....	20.00
Dr. M. L. Todd.....	15.00
Dr. H. V. Tweedie.....	10.00
Dr. R. Hoffman.....	10.00
Dr. J. W. Holland.....	10.00
Dr. R. Fayerweather.....	10.00
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Dr. M. J. Cromwell.....	10.00
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Dr. J. M. Scott.....	10.00
Dr. C. F. Buxton.....	5.00
Dr. S. C. Pennington.....	5.00
Dr. W. C. Stone.....	5.00
Dr. H. Forsythe.....	5.00
Dr. Mary Browne.....	5.00
Dr. I. J. Spear.....	5.00
Dr. W. E. Byers.....	5.00
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Dr. A. L. Tumbleson.....	3.00
Dr. W. H. Smith.....	2.00
Miss Minnie Reynolds.....	1.00

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NOTICE.

THE annual meeting of the Medical and Chirurgical Faculty will be held April 28, 29 and 30, 1908. Members wishing to present papers, or other work before the scientific sessions, should send in their names and titles of papers, to the Chairman of the Committee on Scientific Work and Arrangements as soon as possible.

COUNTY SOCIETY MEETINGS.

DORCHESTER COUNTY MEDICAL SOCIETY.

THE members of the Dorchester County Medical Society met at the residence of Dr. B. W. Goldsborough at 1 P. M., Thursday, November 28, 1908.

At the business session the following officers were elected for the ensuing year:

President—Dr. John Mace.

Vice-President—Dr. E. E. Wolff.

Secretary and Treasurer—Dr. W. H. Houston.

Delegate to the House of Delegates of the Medical and Chirurgical Faculty—Dr. S. A. Stokes. Alternate—Dr. B. L. Smith.

Censor—Dr. J. K. Shriver, Jr.

Dr. I. S. Stone, of Washington, presented a paper on "The use and abuse of the curette."

Dr. L. F. Barker, of Baltimore, read a paper on "The psychic side of medicine."

Dr. J. N. McCormack, Chairman of the Committee on Medical Organization of the American Medical Association, gave a very interesting talk on "Things about doctors which doctors and other people ought to know."

The meeting was very well attended. Those present were: Drs. B. W. Goldsborough, M. W. Goldsborough, W. H. Houston, C. M. Hanby, E. A. P. Jones, John Mace, C. F. Maguire, G. R. Myers, J. K. Shriver, B. L. Smith, Guy Steele, S. A. Stokes, J. C. Travers, E. E. Wolff, J. L. Noble, Ricord, Blanke, Nichols, J. Downes, Rees, L. F. Barker, I. S. Stone, J. N. McCormack.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.

DR. CHARLES A. WELLS entertained the Prince George's County Medical Association Saturday, January 18. Dr. John Cronmiller, of Laurel, presided, and Dr. H. B. McDonnell, of College Park, was secretary. Other members present were Drs. C. A. Fox, W. T. Taylor, A. G. Coggins, H. T. Willis, Guy W. Latimer, C. W. Birdsall, C. E. Postley, Harry Nalley and A. O. Etienne. The guests were Drs. Walter A. Wells, of Washington; Alfred H. Wells, of Hyattsville, and Robert W. Wells, of Hyattsville. Refreshments were served by Mrs. Charles A. and Mrs. Alfred Hyatt Wells. It was determined to eliminate much of the social side of the meetings and to hold them in halls. The association indorsed a pure-food law advocated by the Vansville Farmers' Club.

SOME FACTS INDICATING THE IMPORTANCE OF THE WORK SUGGESTED BY THE COMMITTEE ON SANITARY AND MORAL PROPHYLAXIS.

D. R. HOOKER, *Chairman.*

BEFORE entering into a detailed discussion of the special investigation which the Committee on Sanitary and Moral Prophylaxis has conducted, I wish to call your attention to the growing importance of the medical profession in its sociological aspect.

Laymen are gradually beginning to realize that doctors are of use not only in sickness but also in health, and the layman's demand for hygienic teaching is steadily on the increase. From the time of the earliest medical men in the past up to the present day, the medical profession has been recognized as essentially an humanitarian profession; but only in recent times has the doctor worked in close co-operation with the layman for the betterment of social conditions. The installation of the social worker in connection with the Johns Hopkins Hospital and Dispensary this autumn is a telling instance of this growing recognition of the intimate connection between medical and social work. The doctor is beginning to realize that unless he knows, from personal observation, how the poorer class lives, he cannot hope to deal effectually with hygienic problems, and the layman is beginning to appreciate his dependence on the medical fraternity for accurate teaching along the lines of hygiene. Squalor and ignorance are so alien to all the measures of preventive medicine that the medical man is constantly brought face to face with the fact that he must educate the public and improve social conditions if he would seek to stem the inroads of preventable disease. Preventive medicine is inextricably bound up with the every day life of the people, and in the campaign against the great White Plague, this fact has been very advantageously made use of. In typhoid fever, in tuberculosis, in fact in all contagious diseases, the education of the community at large is the paramount factor in doing preventive work. The medical profession must stand toward the general public in the relation of father to son and by careful teaching inculcate in the laity the essential principles of that greatest of all branches of medicine, namely, preventive medicine. The ultimate object of medical science is not only to cure, but to eliminate disease, and without the intelligent co-operation of the laity, this end can never be approximated. Now the doctors by virtue of their medical education become the natural instructors of the public at large. They are the only individuals in the community who are sufficiently informed along hygienic lines to be in a position to dictate about

preventive measures. Every medical man who fails to realize his responsibility in this respect falls far short of fulfilling his highest function.

Preventive work is always essentially educational work, for even if legislation is to be looked to as an effective weapon in the campaign against disease, public opinion must be educated up to the point where good laws can be passed, and also enforced. The White Plague has already been so approached, and with signal success, and the Committee on Sanitary and Moral Prophylaxis now recommends that the Black Plague be likewise attacked in this way.

Following the address delivered in April, 1907, by Dr. Prince A. Morrow, before the joint meeting of the State Medical Society of Maryland, the State Conference of Charities, and the State Federation of Women's Clubs, this Committee was appointed by the Medical and Chirurgical Faculty of Maryland to look into the advisability of forming a branch of the American Society of Sanitary and Moral Prophylaxis in Baltimore. The Committee with this end in view has investigated the extent of venereal morbidity in this city, and the startling results of this investigation which I shall later make known to you, indicate the pressing need for the foundation of such a branch organization. The Committee has encountered a profound ignorance on the part of the community at large with respect to the prevalence and dangers of the "social diseases," and as the chief function of the Society of Sanitary and Moral Prophylaxis is the education of the public along these lines, the Committee deems it most important that such a branch society be inaugurated at the earliest possible date.

It is so common a thing in practice to hear the venereal patient say that, "If I had known the danger of infection I would never have run the risk," that it must be a self evident fact to most practicing physicians that the education of the public as to the prevalence and gravity of the "social diseases" would at least have some prophylactic effect. More especially is this the case with regard to marital infections and the parental infection of children.

The enormous extent of venereal morbidity which the following report discloses and the fact that venereal disease may perhaps more appropriately than any other contagious disease be termed preventable, indicates the crying need for preventive medical work along these lines. The medical profession has too long permitted venereal disease to flourish unrestrained amid the ignorant and helpless body of the general public, with the result that the private citizen himself is already beginning to stigmatize the medical men for their quiescent and irresponsible attitude. In its work the Committee has encountered a most gratifying demand on the part of the community at large for more knowledge as to venereal disease.

When the Committee in outlining the plan and scope of its work decided that exact information as to the extent of venereal morbidity in this city was of primary importance it was at once confronted by the fact that there were no statistics to be had regarding the prevalence of venereal disease in Baltimore. The existence of this class of diseases has always been ignored by the sanitary authorities and the amount of venereal morbidity was purely conjectural.

With this point in view a circular letter was drafted, asking for detailed reports of venereal cases, and a copy was sent to each of the 1200 physicians resident in Baltimore. Permission to inspect their records was also asked from the superintendents of the various dispensaries and public institutions in Baltimore, in which this class of cases is received. To the circular letters sent to the members of the medical profession relating to the statistics of private practice, 224 replies were received, about 18 per cent. While it was hoped that the response would be more general, this proportion was not a distinct disappointment, as the Committee was fully aware that in all attempts to gather mass statistics concerning any disease or class of diseases, a large proportion of physicians to whom such inquiries are addressed, fail to reply, either from indisposition to take the trouble to make the necessary tabulation of statistics, or from lack of interest and sympathy with the objects of the investigation. Of the 224 replies a few showed lack of sympathy with the work, but the remainder were serious, well considered and evidently prompted by a recognition of the importance of the Committee's work. Seventy-three of the replies contained no statistics; some on the grounds that the writers kept no records of their cases; others that it would involve too much trouble to go over their books for the entire year. Many of the eye, ear, and throat specialists, gynecologists, neurologists, etc., admitted that they treated a large number of venereal cases, but it was usually for complications, or late manifestation which were recorded under other titles, and they said it would require too much work to identify and classify them. Many of the medical men, however, who declined to send their statistics, showed great interest in the objects which the Committee had in view, and indicated that the Committee would meet with their sympathetic co-operation in any rational plan of work. Some of the statistics reported, were excluded on account of their indefiniteness—thus a number stated that they treated, roughly speaking, fifty to one hundred cases of venereal disease in the year 1906, and none of these was included in the report.

The statistics obtained from physicians in private practice consist entirely of the reports handed in by the 151 physicians whose returns were apparently careful and accurate. The total number of cases reported by them for the year 1906 is 3090,—2195 cases

of gonorrhoea and 895 cases of syphilis. These reports have been tabulated and preserved in a permanent form for reference. It is to be understood that no cases of chancroid are included in these figures. While the frequency of chancroid is variable, being less in private than in public practice, the statistics of all authors in all countries estimate it at from nine to thirty-five per cent. of the total venereal morbidity.

Taking this aggregate of 3090 cases and knowing that the 151 physicians who reported them represent only one-eighth of the total number of practicing physicians in Baltimore, it becomes evident that the number of cases here reported represents only a small fraction of the total number of cases actually treated in private practice during the year 1906. Moreover, when account is taken of the quack doctors and advertising "specialists" who treat venereal patients, it is obvious that the number of venereal cases here recorded must fall far short of the actual number of cases treated. It is only necessary to glance at the advertisements in the daily papers or to visit the expensive offices of the advertising quacks to reap assurance of the fact that venereal patients bring in large returns to the irregular practitioner. The amount of literature which the charlatans circulate is itself conclusive evidence of the thriving practice that they drive. On account of the shame and secrecy associated with the social diseases, the venereal patient is particularly prone to be duped by the fakir.

It is well known that many drug stores in this city owe a large part of their revenue to this class of practice and the many "sure cures" and "blood purifiers" which may be found upon their shelves bear witness to this fact. In addition to the patients who are treated by the irregular practitioner, are those who remain untreated, or who use prescriptions given them by friends, and although it is impossible to estimate the number of these cases any fair minded physician must admit that the number is large. The testimony of European physicians is that from 25 to 50 per cent. of all venereals are treated by charlatans.

On further analysis of those statistics it was found that 1328 cases of gonorrhoea occurred in men, 542 cases in women, and 114 cases in children. 202 of the infections in women were particularly noted as marital infections. The proportion of women and children to men in the statistics regarding syphilis is remarkably high. 489 cases occurred in men, 303 in women and 103 in children. 93 of the cases occurring in children were classified as hereditary infections. Notes as to the source of the infection were, public prostitutes 678, clandestine prostitutes 625, extragenital infection 184, and "source unknown" 376.

In examining the dispensary and hospital records, the Committee recorded only those cases where a definite diagnosis of gonorrhoea or syphilis was made. In some of the hospitals and dis-

dispensaries it was impossible to obtain any reliable statistics owing to the insufficiencies in the histories. In many of the cases no diagnosis was put down, and in some dispensaries no available histories were to be had. In one prominent dispensary, for example, 7593 patients were listed for the year 1906, but the histories were so incomplete that it was impossible to obtain any reliable information from them. Only 17 of the 41 Hospitals in Baltimore afforded any opportunities for statistical research, so the figures which follow represent only the cases treated in those 17 institutions during the year 1906. The total number of cases recorded was 6360. Of these 4553 were diagnosed as gonorrhoea and 1807 as syphilis. Owing to the lack of available information in over one-half of our hospitals and dispensaries these figures represent most inadequately the number of venereal patients actually treated in our public institutions in the year 1906. Despite this fact, however, the extent of venereal morbidity embodied in this report far exceeds the morbidity resulting from the other contagious diseases in the year 1906, as officially recorded by the Board of Health.

In the year 1906, 575 cases of measles were reported; 1172 cases of diphtheria; 577 cases of scarlet fever; 175 cases of chicken-pox; 58 cases of small-pox; 1215 cases of typhoid fever; 465 cases of whooping cough; 57 cases of mumps, and 733 cases of tuberculosis, making a grand total of 5047. The number of cases of tuberculosis reported is of course absurdly small, but since the tuberculosis campaign began the number of notifications has not been considerably increased. This illustrates again the signal advantage of educating the general public in any effort to make preventive medicine efficacious.

Taking now the number of cases of contagious disease reported at the Health Bureau, let us compare with it the number of cases of venereal disease reported by the Committee. 3090 cases were reported in private practice and 6360 cases were recorded in the hospitals and dispensaries investigated, making a grand total of 9450 cases of venereal disease. Opposed to this morbidity we have the sum total of 5047 cases representing the collective morbidity resulting from the other contagious diseases in the year 1906.

When we notice that only 58 cases of small-pox were reported in 1906 and then realize that even the wholly inadequate figures of the Committee show 2706 cases of great-pox in the same year, the thought must occur to us that the medical profession might for a time at least advantageously turn its attention to the greater evil.

Regulation has already been tried as a prophylactic measure and according to most authorities has lamentably failed to accomplish its end for the very simple reason that it has taken only one factor

in the spread of disease into consideration. The medical profession would very properly laugh at itself for adopting any such makeshift measure in attempting to prevent the spread of any other contagious disease, but here its sense of humor seems to be lacking. Fancy, for example, how absurd it would seem to have small-pox a notifiable disease only in women and not in men. The medical profession would agree at the outset that to suggest such an insufficient measure was beneath its dignity, and yet precisely such a measure is the only one that the medical profession has so far put into force in attempting to restrict venereal disease. Medical men will say, and very truly too, that they cannot get the support of the community in attempting to install any more rational measures, but let them inform the community of the real seriousness of these diseases before they despair of their ultimate success.

The actual extent of venereal disease is but vaguely known even by the members of our own profession for lack of any available means of obtaining statistics about them.

The Committee upon discovering that, on account of the incompleteness of the case records, no really adequate estimate of the extent of venereal morbidity could be ascertained by consulting either the physicians in private practice or the records of the public hospitals and dispensaries, determined by another means to attempt to throw light upon the subject. It was hoped that by examining the past histories of a large number of indiscriminate individuals, such as fill our medical and surgical wards, some suggestive information, as to the percentage number of individuals in our civil population who have at one time or another been infected with venereal disease, could be obtained. With this point in view, the records of the Johns Hopkins Hospital and Dispensary were again investigated, for the histories in this institution were the only ones found that were sufficiently extensive to make room for such an investigation. Histories of males over 21 years of age were taken and the statistics represent those in which any note was made indicating that questions with regard to venereal disease had been asked. In the hospital the medical and surgical histories were investigated and it was found that 49.9 per cent. of the cases admitted gonorrhoea in their past history and 10.9 of all cases gave a past history of syphilis.

In the Johns Hopkins Hospital Dispensary 1,000 each of medical and surgical histories of males over 21 years were investigated. These showed a past history of 41.5 per cent. of gonorrhoea and of 9.4 per cent. of syphilis. The discrepancy between the figures of the hospital and those of the dispensary may well indicate the lesser care that is bestowed upon the dispensary histories. It is to be understood that the histories investigated were those of patients of various social grades and of all degrees of culture—some of the men were day laborers, others were tradesmen, and

still others were gentlemen. Speaking generally the patients were a motley crowd of about 4,000 men, much the sort of indiscriminate crowd that is seen in railway stations, in theaters or in any other public place. They would represent on a small scale our civil population as a whole, so it was thought by the Committee that these figures would represent the percentage of venereal infection in the community at large. Assuming this supposition to be correct we find that about 46 per cent. of the men over 21 years in our civil population have at one time or another been infected with gonorrhoea and about 10 per cent. have been infected with syphilis. These figures are much lower than those authorized by the Continental authorities, but cognizance must be taken of the fact that, out of a sense of shame, men who had actually been infected with venereal disease would often deny the infection in responding to the doctor's question.

In many cases the patient said that he had had several attacks of gonorrhoea, but in all of these cases only one attack was noted in the statistics. The Committee assumed that these repeated attacks probably represented recurrences rather than fresh infections, and though notes were made of the many cases with more than one attack, they were omitted from the body of the statistics for the sake of accuracy. The extra attacks ranged any where from one to twenty in number, and a large majority of them were in married men. The Committee's inference is that these recurrences indicate a spread of the disease, for it is a well known fact, among medical men, that sexual intercourse often causes relapses in an old and quiescent gonorrhoea. The number of marital infections recorded in these statistics testifies to the validity of this inference, for in most infections in married life the husband contaminates his wife without even knowing that his apparently cured gonorrhoea is still infectious. It is only when he discovers that his own disease has been whipped up again that he realizes his guilt.

The Committee has commenced one other investigation which when completed may throw some light upon the mortality from these diseases. They purpose to examine all available autopsy records and to note the number of deaths resulting from venereal disease. So far the Johns Hopkins autopsy records are the only ones that have been examined and those only for the year 1906. During this year 172 autopsies were performed and in these the cause of death was put down as syphilis in 10, gonorrhoea in 2, and acute salpingitis, which was probably gonorrhoeal, in 4. The organism in a number of cases of endocarditis and peritonitis was not noted in the records, which leaves the possibility open that they might have been gonorrhoeal. Thus you see the mortality from venereal disease is very high compared to the total number of autopsies performed.

All of the figures which the Committee has reported indicate in a rough way not only the extent of the "social diseases," but also the extent of the "social evil." Admitting that continence is a

pretty sure means of avoiding infection with venereal disease, and that cohabitation with prostitutes commonly results in infection, it becomes self evident that immorality and venereal disease must under existing circumstances increase or decrease in unison.

One other point in connection with the social evil has come under the notice of the Committee in its examination of hospital records. This is the number of patients who are in the hospital because of incomplete abortion. In the year 1906, 33 cases of incomplete abortion were recorded in the University Hospital alone. These cases strongly suggest the foul work of the criminal abortionist and exemplify again the extent and malignancy of the social evil. As the investigations of the Committee have progressed the fact has become more and more clear that the social evil is responsible for a vast deal of the bodily suffering which civilized humanity undergoes.

The report of the Committee substantially proves that venereal disease is accountable for a large percentage of the morbidity in this city, and when cognizance is taken of the fact that these diseases are distinctly preventable and that no measures are in existence indicating a desire on the part of the medical profession to restrict the spread of these diseases, it becomes obvious that medical men have not yet fulfilled one of their most imperative duties towards the community. Probably the appeal to the man in the physician would not be so strong with respect to the prophylaxis of these diseases if they were inevitably associated with vice. The so called "innocent infections" in wives and children are without doubt the cases that most urgently demand our intervention. Many of these infections are transmitted in ignorance and we cannot so degrade human nature in our own minds as to imagine that the number of these infections would not diminish if knowledge of venereal disease were to supplant ignorance. Many marital infections would certainly be avoided if young men knew what agony and disease they would inflict upon their wives and families if they married with an uncured venereal disease. The prophylactic effect which enlightenment would have is undoubtedly great and this means of restricting the spread of venereal disease is at least open to us. Probably the best means of instructing the public is to be found in an organization made up of members of the medical profession and of laymen, and as the American Society of Sanitary and Moral Prophylaxis was organized in New York with this point in view, it would seem that a branch of this society in Baltimore would be of untold benefit to the community. Boston, Chicago, Philadelphia, and several other American cities have already followed the example set in New York, and the time is ripe for Baltimore to share in this great educational campaign. The Committee earnestly hopes that the medical profession at large will with one accord endorse its recommendation that a branch of the American Society of Sanitary and Moral Prophylaxis be inaugurated in our city.

THE PRESENT STATUS OF VAGINAL CÆSAREAN SECTION.

By L. M. Allen, M.D.

At this time, when there is so much being said and written about vaginal Cæsarean section, I thought it might prove interesting to you to hear the opinions, and results of some of those engaged in this work, as well as a brief report of my own experience.

In 1891 Dührssen of Berlin advised cutting the cervix stellately and then dilating in certain cases, but not until 1894 did he advise what is now termed vaginal Cæsarean section. In that year he published an article under the title, "Über eine neue Methode der Laparotomie" (Vaginal Celiotomie), *Berliner klinischer Wochenschrift*, 1894, No. 29 and 30.

Dührssen demonstrated in his article that the incised uterus after having been emptied of its contents can be sutured and united again, and perform its former functions. Objection has been raised from different sides, in regard to the title of vaginal Cæsarean section, which was answered by Dührssen (*Volkmans klinischer Vorträge*, p. 232), in which he refers to Plinius where Cæsarean section received its name from the fact that the child was delivered "*a caeso matris utero*," or from the incised uterus of a pregnant woman. From the above Dührssen concluded that vaginal Cæsarean section is a good name and it has been adopted by almost every one without comment.

A Cæsarean section refers to an incision into the uterus which makes a new opening, and the operation under discussion only enlarges an already existing opening. The term "vaginal hysterotomy" would probably be more correct.

Indications: Dührssen thinks the operation indicated in any case where the life of the child or mother is brought into danger and the cervix not dilated or dilatable by gentler means. According to him *special* conditions making it necessary are, eclampsia or the toxæmia of pregnancy; premature detachment of a normally situated placenta (accidental hemorrhage); and placenta prævia. Of course it must be understood that the pelvis is normal or not sufficiently contracted to offer any material obstruction. I am unable to agree with the above indications entirely, and offer the following reasons for a difference of opinion.

If it should happen (fortunately very rare) that immediate delivery is demanded and the cervix is not dilated or dilatable by gentler means, in my opinion it will depend upon how far the pregnancy is advanced whether the operation in question is indicated or not. I have not as yet definitely decided, but am strongly of the opinion that if the pregnancy be advanced beyond the 34th to 35th week, that the foetus is too large to be delivered through an

incised cervix, and that the classical Cæsarean section will give better results. I will call your attention to the fact that in many cases the cervix is dilatable by gentler means much more frequently than is so considered. Not infrequently has it been my experience to see cases that have been pronounced undilatable, and after a little care and patience be rewarded by a good result conservatively produced. The natural dilation of the cervix is the result of mechanical force, and physiological changes. The first is produced by the pressure of the bag of waters or the presenting part; the second the result of the softening of the cervix, due to the infusion into the tissues of serum and consequent loss of their cohesive power. In the artificial dilation of the cervix the physiological part of the process is absent, and we must depend upon mechanical force. It may be safely said that any method of artificial dilation of the cervix will result in laceration, differing in degree according to the conditions, etc., but that this laceration can be reduced to a minimum will be admitted. The most important consideration is *time*. Any attempt to dilate it in five or even ten minutes is bound to result in a deep laceration. Twenty minutes should be the shortest period and thirty or forty minutes may often be necessary. One who is unaccustomed to this procedure, after working for a few minutes, will think it has been very much longer, and the only method of knowing just how long it has been, is to have a watch near by. There are *very very* few conditions in which thirty minutes will make a great deal of difference one way or another. So much has been said about the immediate emptying of the uterus in cases of eclampsia and the toxæmia of pregnancy that I fear those who follow blindly the teachings of others, have received a wrong impression. No one realizes the importance of, nor is more heartily in favor of emptying the uterus in these cases than I, but where it is a question of a few minutes one way or another, the result is not apt to be changed. I have gone into the consideration of this subject rather fully, believing that if this method is practiced as above outlined, fewer vaginal Cæsarean sections will be found necessary. There is probably no condition in obstetrics that demands more immediate attention than accidental hemorrhage, and if vaginal Cæsarean section is ever indicated it is in this condition. That it is indicated in placenta prævia is very doubtful. Fortunately, owing to the vascular lower uterine segment in this condition the cervix is as a rule dilatable. If it is not, and other measures, such as the Champetier de Ribes's balloon could not be used, I should prefer the abdominal to the vaginal Cæsarean section. The indications then, I should say are, in any case where prompt delivery is demanded and the cervix is not dilated or dilatable by gentler means and the pregnancy not more than 34 weeks advanced.

As the various methods of artificial dilation of the cervix are to

some extent competitors of vaginal Cæsarean section, I will discuss them briefly and compare them with that operation. My own experience, which I believe will coincide with that of the majority of observers, leads me to believe that no method of dilating the cervix can compare with the manual one as advised by Harris. By this method the amount of force exerted can be regulated to an exact degree, and a tendency to tear can be anticipated and prevented by immediately relieving the pressure. The Bossi dilator, probably the best of all instrumental dilators, possesses the disadvantages of all such instruments, and the use of it is very apt to result in many deep cervical lacerations. It however may be advantageously combined with the manual method.

Metreuryesis is only available when time is of no value, as it usually necessitates four to five hours for dilation, and in addition to this, an element of consideration, is the greater danger of infection resulting from the introduction of a foreign body into the uterus, which remains for a considerable length of time, furnishing a good culture medium. This fact was called attention to by Döderlein at Keil in 1905. On that occasion he said,—“The de Ribes bag becomes covered with germs in a few hours, and thus becomes an incubator for microorganisms, which become dangerous when pathogenic microorganisms are found among them, or when this septic focus is allowed to remain in position a long time.”

In regard to the influence that vaginal Cæsarean section might have on future confinements, Dührssen claims an advantage over the classical operation, in that tearing of the uterus in subsequent labors is less apt to occur. As a proof of this assertion he showed photographs to members of the American Gynaecological Society at its meeting at the Hot Springs, Va., May 24, 1906. In these the scars were hardly visible; but the danger of rupture following the classical Cæsarean section is so slight as to be practically disregarded. Eleven deliveries observed after vaginal Cæsarean section contributed by Dührssen, Weinerstrom, Jerie, Staum, Rühl, Liepmann, Von Bordelben, and Westphal ran an easy course, with one exception when Bossi's dilator was used, which probably caused the trouble. Rühl in the *Münchener med. Wochenschrift*, No. 11, P. 507, 1906, after reporting 4 cases, stated that in his opinion vaginal Cæsarean section could not have any bad influence on future labors.

Technique of operation:—

Dührssen thinks it absolutely necessary to have an operator experienced in vaginal gynaecological operations, and I think every one who has attempted the operation will agree fully with this opinion. He begins the operation by making an incision in the vagina and perinium, which he terms right vagino-perineal incision, by this means enlarging the vaginal opening and giving a clearer field for operation. This has not been generally accepted, a number of operators believing that the vaginal orifice can be stretched sufficiently. The double incision in the cervix anterior and posterior should be insisted upon, as it is very probable that the fail-

ure to observe this rule is responsible for a number of bad results. When only the anterior incision is made it does not, as a rule, allow of large enough opening and a tear results. The irregular laceration is not only more difficult to suture, but it usually extends laterally where the uterine walls are more vascular, and naturally hemorrhage will be greater. Dührssen insists that the operation should be terminated by version and extraction, and this is the general consensus of opinion.

Results:—

Modern obstetrics is not satisfied with saving the life of the mother or child, but demands that both be saved. No longer is the obstetrician justified in allowing the child to die in utero, because the pelvis is contracted or the soft parts of the generative passage are not sufficiently dilated for its extraction, or indeed to use such forcible means that the child is lost because of pressure. In 376 cases of vaginal Cæsarean section collected by Dührssen there were 48 deaths, or 12.7%, and some of these deaths were due not to the operation, but to the serious diseases on account of which the operation was undertaken. Viet had one death in 33 cases. Bumm one death in the last 40 cases. Dührssen two deaths in 12 cases, in one of which the woman was moribund from heart disease, and the other a case of eclampsia with pulmonary tuberculosis. She died of tubercular pneumonia. My own experience with the operation has been limited to three cases. Two for the toxæmia of pregnancy and one for placenta prævia. The first two recovered, the third died. This woman had bled to an alarming degree when seen, and the additional amount of hemorrhage that occurred during the operation caused the fatal result.

Conclusions:—

That vaginal Cæsarean section has a decided place in the field of operative obstetrics, but that its indications are limited to those cases where the cervix is not dilated by gentler means, and the pregnancy not advanced beyond the 34th week. That experience and a careful study of the cervix will demonstrate the fact that it is dilatable by gentler means, much more frequently than is ordinarily believed, and if this method be persisted in, more radical measures will not be so often necessary. That we should not allow the desire to perform this much talked of operation overbalance our better judgment, and that certainly for the average man more conservative obstetrical operations will be attended by better results than the more radical ones.

Since reporting the above, I have performed the operation a fourth time. Briefly stated the case was as follows:—Eclampsia with severe and rapidly recurring convulsions; when seen patient had had nine in two hours and a quarter; pregnancy twenty-eight to thirty weeks advanced; cervix in a natural state. A single incision was made in the anterior wall, and delivery accomplished with ease. Convulsions ceased, and at the present time the patient is recovering.

Society Reports.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD OCTOBER 7, 1907.

The meeting was opened with the election of Dr. J. M. T. Finney as president and Dr. R. I. Cole as secretary of the society for the ensuing year.

I. Exhibition of Cases—Dr. Emerson.

Dr. Emerson reported three cases where the patients had been given small doses of thyroid extract to arrive more certainly at a diagnosis of Basedow's disease. The principle is that by feeding a possible Basedow's-disease patient with very small doses of thyroid extract an outspoken condition of exophthalmic goitre may result. Heretofore clinicians have always used thyroid extract in huge doses for an immense variety of symptoms and diseases, and they have studied its effects pretty thoroughly. In so using it they noticed that some patients suffered from the effects of the drug even after small doses. This event suggested to Dr. Emerson the possibility that such patients were perhaps affected with an unrecognized exophthalmic goitre.

Case I was that of a man, 24 years of age, who came under observation complaining of nervousness and loss of weight. His cardinal symptom was a constant, ill-defined feeling of apprehension of impending disaster. He had no tachycardia, no struma and no tremor. He had positive Von Graefe, Moebius and Dalrymple eye signs. He was accordingly given 5 grains of thyroid extract three times a day for three days. After the first dose there was an immediate increase in the pulse frequency, which continued until it reached 120. Upon cessation of the medication the tachycardia and increased nervousness continued. The patient underwent a partial thyroidectomy, which resulted in the disappearance of his symptoms and recovery of his weight. This case seemed to be a positive therapeutic test of the existence of Basedow's disease.

Case II, a female, aged 20, was admitted to the hospital complaining of pains throughout the body and nervousness. She had been in this condition for two years. She had exophthalmos and a positive Von Graefe's sign. After the first small dose of thyroid extract her pulse dropped to a very low point. Medication was discontinued and the pulse returned to normal. The dose was then repeated, with a consequent drop in the pulse, which remained low. Here the result was the reverse of that in Case I. The thyroid remains full and the eye symptoms are indefinite. The case resembles myxedema more than Basedow's disease.

Case III, a female, aged 30 years, was admitted to the hospital complaining of palpitation of the heart, night sweats, weakness and feelings of apprehension and dread that have continued during the last five years. She had a fullness of the neck for eight years, which has not increased in size. Her pulse was about 100.

Upon the administration of 5 grains of thyroid extract three times a day her pulse rose at once and fell soon after the dose was stopped. This was a positive test. This test has been made in 21 cases. In cases not suspected there have been no results. In certain cases, those of chronic nephritis among them, there has been an increase of the pulse and positive eye signs. In cases with enlarged glands the result has been positive.

Dr. MacCallum: There is an idiosyncrasy to thyroid extract. It is agreed that there are certain effects in every case of thyroid-extract feeding. The pathological changes in Case I were not absolutely characteristic of exophthalmic goitre. The pathological test must be important.

Dr. Barker: I am convinced that thyroid extract is of some help in clearing up the diagnosis at times, especially when there is no tachycardia. Iodothyrim or iodine will act in the same way. Bear in mind that intolerance to iodine may be a sign of Basedow's diseases. The psychoneurosis is of vast importance in diagnosis and is suggestive if met with. Many patients come in complaining of psychesthesia or neurasthenia, and on removal of one-half of the thyroid patients are rid of the symptoms. In a certain proportion of cases the symptoms are due to a thyreosis.

II. *A New Method for Treating Anuria*—Dr. Kelly.

Dr. Kelly reported a case of anuria which he had treated by a new method—that of ureteral catheterization.

The term anuria is widely applied to cases whose cause is not so obvious. Real anuria is quite rare. A tumor, more particularly a sarcoma, of the pelvis may cause true anuria. A post-operative anuria occurs if the ureter be accidentally tied off. Where only one kidney exists much graver symptoms supervene.

The particular case reported was that of a woman, aged 32 years, who underwent a hysterectomy for cancer. There was unusual handling of the ureters at operation. A post-operative cystitis occurred, characterized by much pus and *B. coli* in the urine, and a uretero-vaginal fistula developed. There was a rapid recurrence of the tumor, especially in the broad ligament on the right side. On March 4 the left kidney was secreting twice as much as the right. Analysis of the catheterized specimens showed 2 to 3 per cent. of urea from the left kidney, but only .12 per cent. from the right. The specific gravity was 1030 for the specimen from the left kidney, 1003 from the right. There was pus from the right kidney. It was accordingly believed that the right kidney had been almost entirely destroyed, and operation was decided on. The right kidney was removed through a posterior lumbar incision. It was three times its normal size and completely destroyed. Gradual anuria from the left kidney ensued. The urine became a very foul odor.

On March 21 there was no urea in the specimen. Ordinary therapeutic measures proved futile. There was a terribly fetid pus that came from the bladder. Since there was no pain, it was to be assumed that no pinching off of the ureter had occurred. The

patient's mental condition was excellent, but she had general anasarca.

In the hope of stimulating secretion the left ureter was catheterized. There was an immediate secretion—15 c. c. in the first minute; after 10 minutes, 10 c. c. to the minute; for the first hour, an average of 8 c. c. to the minute. This urine was clear and normal. For the first five hours there was 2200 c. c. of urine, with an urea content of 16½ grams. The catheter entered easily, indicating no obstruction. When the catheter slipped out there was immediate suppression. On reintroduction of the catheter an obstruction due to cancer was found at the vesical end of the ureter.

From March 21 to April 20 the kidney secreted enormously and the anasarca disappeared. The patient developed a *B. coli* and pyogenic infection, and finally succumbed to her disease. She was always comfortable with the catheter in place.

At the conclusion of Dr. Kelly's talk Dr. Burnham discussed the etiology of anuria. In general the cause may be traced to one of four conditions—obstruction in the urinary tract, local conditions of the kidney, such as nephritis, etc.; an angio-neurosis, or a general circulatory disturbance. In any case of anuria, after trying ordinary measures without avail, we should employ ureteral catheterization as a diagnostic or a therapeutic measure.

III. *Eclampsia Without Convulsions*—Dr. Slemmons.

The author reported two cases of puerperal eclampsia which ended in death without the appearance of convulsions in the course of the disease. In each instance the diagnosis was obscure until autopsy revealed the characteristic periportal areas of necrosis in the liver—a lesion that is met with so regularly in eclampsia parturientium that a diagnosis based on it alone is justifiable. In going over the literature the author was able to collect five previously reported cases of the same nature. Clinically, all of these cases evidenced a toxemia prior to the appearance of coma. Headache and albuminuria were invariable, and edema, jaundice, nausea and vomiting common signs. Preliminary visual disturbances were very common. In every case death occurred in coma, the appearance of which was rather gradual. Periportal necrosis of the liver was a constant pathological finding in these five cases, while a striking feature was the constant occurrence of extraordinarily profound brain lesions.

The author favored the view that the occurrence of coma without convulsions was due to an increase in the intracranial tension, which, in turn, depends upon hemorrhagic or edematous changes in the brain or its enclosing envelopes. He thinks that where the disease is suspected it is important to attempt to examine the eye grounds. At the present time it is practically impossible to make a positive clinical diagnosis of these cases; but this is a point of small practical importance, since the treatment of these cases and those of some variety of the toxemia of pregnancy, etc., with which they might be confounded is virtually the same.

MEETING HELD NOVEMBER 4, 1907—DR. FINNEY PRESIDING.

I. *Exhibition of Cases*—Dr. Thayer.

Dr. Thayer reported the clinical history of a case of acute yellow atrophy of the liver. The patient was a colored woman, 30 years of age, admitted to the hospital on October 7, 1907, in a state of coma. For a month previous she had been complaining of pain in the extremities, weakness and a constant pain in the epigastrium. During this period she had had occasional vomiting, especially after meals, while her appetite remained normal and she apparently slept well. During the last two weeks previous to her admission to the hospital the symptoms increased in severity and the patient spent much of her time in bed. Five days before admission to the hospital the patient came to the dispensary for treatment, when it was noted that the liver extended two fingers' breadth below the costal margin in the right mammary line. On October 5 the patient became unconscious at her home. She exhibited great restlessness, tossing her head about continually. On admission to the hospital it was noted that the patient was in deep coma, the pulse 19 to the quarter minute, the sclerae moderately jaundiced, the respirations quite as though the patient were asleep and the patient making chewing movements with the jaw. There was lateral nystagmus. Her restlessness increased and she developed marked air hunger. She remained unconscious, with repeated convulsive movements, and died on October 10. On October 7 Dr. Thayer made the note that the liver was not enlarged; on October 9 that the area of dullness of the liver was very small, especially that of the left lobe. There was no liver dullness to the left of the midline at the time this observation was made. Besides the extreme rarity of the condition, the point of interest was that during the last week of life a definite progressive diminution of liver dullness was noted at several successive examinations.

This is the third case of acute yellow atrophy in the history of the Johns Hopkins Hospital. The clinical diagnosis was based on the coma associated with convulsions and the progressive reduction in the size of the liver dullness.

Morgagni was perhaps the first to report a case of this disease. His report was based on an observation of Valsalva. In 1843 Rokitansky gave the first pathological account. Richard Bright in 1836 described several cases as typifying a condition of inflammation of the liver.

Dr. MacCallum reported the pathological findings in this case. The anatomical diagnosis substantiated the clinical diagnosis—that of acute yellow atrophy. The liver was only one-half normal size, weighing 840 grams. Atrophy of the organ was particularly marked in the left lobe, which was reduced to a thin, elastic, film-like structure.

Dr. Voegtlin took up the chemical aspect of the case. The urine voided by the patient during the day previous to death was examined. In accordance with the results obtained by other investigators it was found that the ammonia ratio was very much in-

creased above normal. This, together with a high organic acidity and the typical air hunger, pointed toward an acid intoxication. The presence of tyrosin and leucin could not be demonstrated. The substances, therefore, have not the diagnostic importance that some authors ascribe to them. For diagnosis the high ammonia ratio (15 to 25 per cent.) may turn out to be of some value, as it has been so proved by Dr. Williams in cases of toxemia of pregnancy and pernicious vomiting of pregnancy. With pregnancy ruled out the high ammonia ratio associated with jaundice would in a given case be highly suggestive of acute yellow atrophy of the liver. The feces were too small in amount for analysis. The amount of liver that was analyzed weighed 700 grams. It contained 78 per cent. of water, 6.6 per cent. of fat and only traces of glycogen.

The fat content of the liver was thus found to be only slightly increased (about 3 per cent. is normal), whereas in this disease the liver usually contains a high excess of fat. The small amount of glycogen found supports Rosenfeld's theory that fat from other parts of the body is deposited in the place of glycogen where liver necrosis exists. The activity of the ferments was tested and some interesting results were obtained which will be worked out more extensively in the near future.

II. *Exhibition of Pathological Cases*—Dr. MacCallum.

Dr. MacCallum reported the case of a white man, aged 50, whose autopsy revealed the cause of death to be rupture of the wall of the heart and consequent hæmopericardium. The patient had a clinical history of having experienced attacks of syncope 18 months before death. He was perfectly well subsequently until 45 hours before death, when, after violent exertion, he suffered pain in the region of the heart. The pain persisted, together with attacks of bradycardia, between which the pulse rhythm would be normal. At times the pulse was as low as 29 to the minute; there were no extra systoles and no enlargement of the heart on percussion. Several epileptiform convulsions supervened before death. At autopsy the pericardium was found to be filled with blood which was partly clotted. In places the clot was fully 1 cm. thick. There was a ragged hole in the anterior wall of the left ventricle, about 1 cm. to the left of the vein that corresponds to the interventricular septum. Some blood clot was adherent to and extended into this ragged opening. The interventricular septum throughout its entire extent was opaque, of a grayish-ochre color, and was evidently necrotic. This appearance extended to within 1 cm. of the pulmonary orifice, where it was sharply marked off from adjacent normal heart wall. The wall of the left ventricle was greatly hypertrophied, but its tissue was not abnormal.

The trabeculae were opaque and frequently broken through. In the angle between the wall of the ventricle and the septum was a hole, through which a probe was passed until it extended through the opening on the anterior surface of the heart. Both coronary arteries were markedly sclerotic. The anterior descending branch of the left coronary artery was completely occluded by a thrombus.

3.5 cm. from its orifice. The sequence of events has evidently been: coronary sclerosis, thrombosis of the left descending branch, infarction of the interventricular septum, rupture of the heart wall, hemopericardium.

III. *Some Surgical Complications of Typhoid Fever*—Dr. Bloodgood.

IV. *A Theory of Vagus Inhibition*—Dr. Howell and Mr. Duke.

The authors reported a series of experiments made chiefly upon the isolated heart of the dog, in which it was shown that inhibition of the heart through the vagus nerve is accompanied by an output of potassium from the substance of the heart.

The method used in these experiments was as follows: The isolated heart was kept beating by a supply of warm Locke's solution, fed into the coronary arteries under oxygen pressure. The inflow canula was placed in the brachio-cephalic artery, and the other branches of the aorta and the aorta itself, at the level of the first intercostals, were tied off, thus directing the flow into the coronaries. The venous outflow from the heart was caught through a canula inserted into the superior vena cava and penetrating into the right ventricle. Two supplies of the Locke's liquid were used. One, a large stock supply of about 8 liters, was used in first isolating the heart and in maintaining the circulation in the intervals between stimulations of the vagus. The other supply consisted of about 75 c.c. of the liquid, and this was run through the coronary arteries after each inhibition of the heart. Usually the heart was inhibited seven or eight times, so that the special supply at the end had been irrigated through the heart seven or eight times. Specimens of this solution were taken for analysis and the results were compared with those obtained from the stock solution which had been circulated through the heart only once. Control experiments were made in which a small supply of the liquid was irrigated through the heart eight or more times without stimulation of the vagus or with stimulation of the accelerator nerves.

The results of these experiments have shown conclusively that inhibition of the heart through the vagus causes a change in the heart substance such that a soluble potassium compound is liberated and is given off to the circulating liquid. The analyses showed that the potassium content of the circulating liquid might be increased as much as 29 per cent., and it was estimated that each stimulation of the vagus liberated 0.4 to 0.5 mg. of potassium. The authors interpret their results to mean that the inhibitory impulses through the vagus cause a dissociation of an indiffusible potassium compound in the heart with the liberation of potassium in diffusible form. Assuming that this liberation takes place in the auricles, or in a part of the auricles, enough potassium may be set free by the vagus to give potassium inhibition. In connection with other similarities known to exist between the conditions of vagus inhibition and potassium inhibition, their experiments were offered as direct evidence for the theory that vagus inhibition is a case of potassium arrest.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, FEBRUARY, 1908

THE LATEST NAVAL DISASTER.

IN the silence of the rules must the amateur hunt for his best chance to develop a play that may beat the professional game. After he finds it and plays it, and wins, then comes a time to try men's souls. A Surgeon-General, an amateur sailor, recently discovered that a surgeon may command a hospital ship. The commander-in-chief, a mere President, verified this observation, and decided that a hospital ship not only may, but shall be commanded by a surgeon. Ensued a row. Homeric harmonies were never so jangled since the day when a famous Oxford professor asked a man with a rabbit, "Prithee, friend, is that thine own hare or a wig?" To such insolence there is no answer.

A hospital ship in command of a doctor! Never was the "line" hit so hard. A Rear-Admiral crumpled up and is permanently out of the game. His last words were, "It is preposterous." It is. The Admiral's remains and his remarks were put in cold storage, but the Surgeon-General handed in 10,000 words to the same effect, and his article was accepted. Another editor gone wrong. Brownson's last words are the sovereign coinage of this controversy. It is preposterous, though that feeling may be outgrown if the cart goes before the horse long enough. What else would you expect but that a sailorman should hook up a horse facing aft like the crew of the captain's gig? Give a seaman credit for what he knows. To be a truly experienced sailor is to be a stranger in every land. Easily astonished, sailors are. Remember that one of all strange sights by sea and land which most astonished the late Admiral Q.: "A house without a door," he said, "and a ship without a sail; but the strangest sight that ever I saw was a shirt without a tail." Fancy a man so simple as that, a man of instant action, confronted with any unusual aspect of progress, and then sitting tight to see how his preposterosity seemed to sagaciate! No, no! *Es hat nicht sollen sein.* There is a new figure at the incontinent Admiral's old desk, but, as M. Mephitica remarked when a gasoline car sped by, "What's the use?" Progress in her more striking aspects is half the time preposterous. No ship

should become a hospital in an age when a surgeon cannot become a skipper.

Out of the mouth of babes, perhaps, we might cause this posterity to sagaciate. Let us interrogate a middy, or, better still, a plebe. Suppose we foretell to such a pupa his future life, saying, "In your horoscope, my son, one finds the chances strangely compounded of danger, idleness, drudgery and fame. Your Alma Mater will turn you out, barring examination casualties, a first-class fighting man, a bit of a sailor, a potential hero. You shall be able 'to handle the 10-inch gun that carries seven mile,' and some day you may so handle that mighty diapason as to win undying fame. But between you and that glorious opportunity there are many adverse chances. Not all of Columbia's deep-sea champions can expect to tread the armored deck in any war. In every war some of them must man the very gentlest craft, whose duty is to care for the sick and wounded, skirting the scene of battle, neither receiving nor delivering any fire, lending neither voice nor hand to speed or stem the tide of conflict. To be thus inhibited as to that performance for which Columbia has so carefully trained you—to suffer a complete perversion of one's proper faculties at a supreme moment—to be functionless at that zenith of opportunity which comes but once to a fighting man—this will happen to some of your comrades—possibly to you—as likely to you as to another. Have you counted this among the chances of your career? Can a midddy's zeal be tempered to this reflection and keep his soul alive? What is your protest, my lad? You will have the doctors to sail the hospital ships! You will forego the sport of blue-penciling medical requisitions and the bullyragging by which your seniors are ennobled! Well said, sir; but you are of the 'line,' and the 'staff' must be subordinated even at the risk of nullifying you. Besides, surgeons are not navigators. They admit it. They even insist upon it. What then? Go down East for Blue Noses to command the hospital ships? Nay, nay, my lad, for the standard of seamanship in the Navy must not be advanced so abruptly. Your fiery metal will not cool, I fear, to quite that consistency which the 'line' demands. If you insist upon an even chance to shoot and be shot at, stay on shore and be a soldier. On the embattled land you may be a bird of some sort. At sea you might be a mere decoy, and if that is not good enough for you, you should resign long and long before you get to be an Admiral."

PHYSICIANS AS POLITICIANS.

Up to the present time in this country the members of the medical profession as a class have looked with disfavor upon physicians

who accept political offices or who play the part of the politician in State or municipal government.

The reason for this prejudice will be found in the character of the men most active and influential in political affairs. The physicians who have sought political offices have in the great majority of instances been men much less interested in public-health matters and in strictly medical work than in the emoluments of the offices they have filled or seek to fill. In other words, the medical officeholder and politician is not so much interested in the advancement of his profession and in promoting the best interests of the public along the lines of hygiene and public health as he is in promoting his own private interests.

The active practice of medicine imposes a large responsibility and labor upon the physician who is deeply interested in his professional work. This fact alone discourages active and busy members of the medical profession from participating in duties which are not strictly professional in character. These men as a class abhor politicians and political office and frown upon the less busy men in the profession who are willing at times to serve the medical profession as well as the public in civic office. The members of the medical profession who are best equipped and have the time to serve in various capacities in national, state and municipal office are often discouraged from accepting office and taking part in civil government by the attitude which the members of the medical profession assume toward those who accept political office.

In matter of fact, is there any valid reason why the physician should not make as useful and efficient a Governor, Senator, Congressman or Mayor as other intelligent citizens who aspire to these honored positions? On the contrary, few men have a broader and more intelligent grasp of those questions of vital importance to every community than has the educated and well-trained practitioner of medicine. The nature of his work, his personality and his humane spirit developed under responsible duty and anxiety in the sickroom all add to his equipment in executing or framing laws which have the very highest interests of society under consideration. Larger representation of the ablest members of the profession of medicine should be had in our national and state government to direct and to lead the influences which are now most prominent in national and state legislation. The enactment of pure-food laws, the regulation of infectious and contagious diseases, the improvement of the medical service, both of army and navy, are pressing questions in national and state legislation as

well as with the general public. Well-trained physicians in public life could do more to perfect these questions than any other class of legislators.

The time has come when medical men of largest professional training and influence should be willing to serve in public life. There are any number of physicians in every State who have experience in sanitation and hygiene which would give them an advantage over the average men who represent the State as public officials.

Such men should be sought after and brought forward by their associates in professional work, whose influence when exercised is always strong in every community.

COMING ALONG.

THERE is no grass growing under the feet of Medicine in our good old State. Our medical societies have more material offered than will go on the program. Our new library fund is piling up. Our city and State health boards are doing good work, and by their laboratory and other services winning the admiration and co-operation of all live physicians. The great tuberculosis movement is already beginning to bear much fruit and promises great results in the near future. The dispensary for tuberculosis is a most healthful advance on old neglects and makeshifts. A number of worthy citizens who don't believe that tuberculosis is contagious will have to die off. But they are getting every day nearer to the river-margin, so we can be patient with them. The whole community is becoming rapidly more intelligent in medical matters and this will eventually give us Legislatures which will not be kept from reform measures by unprogressive and self-seeking medical advisers. Maryland is a progressive State, having energies of her own and responding to stimuli from other communities.

It is desirable that every physician should affiliate himself with one or other of the advances now in progress. If he doesn't, he himself will suffer as much damage as the enterprise he neglects. Old-fogyism is a subtle and deadly disease, which feeds on stagnation and overruns many promising intellects. The symptoms are: lamentation that the age is professionally degenerate; dissatisfaction with the new methods that are in vogue in professional matters nowadays; increasing disgruntlement with professional things in general; general indifference to everything that is new and a subject of professional enthusiasm. The end of that man is truly sad—and he used to be such a fine fellow!

REPORT OF BOARD OF MEDICAL EXAMINERS OF MARYLAND.

QUESTIONS AT THE DECEMBER (1907) EXAMINATIONS.

ANATOMY.

1. Name the bones and ligaments entering into the formation of the ankle-joint.
2. What anatomical structures pass through the sphenoidal fissure?
3. After ligation of the common carotid artery, how is collateral circulation established?
4. Describe the pancreas, giving its relations.
5. Name muscles attached to the upper third of the femur.
6. Give origin, course and distribution of the phrenic nerve.

SURGERY.

1. Give some of the chief causes of delayed union in fractures and the treatment you would adopt for each of these causes.
2. What are post-nasal adenoids, and what the treatment?
3. Give differential diagnosis, clinical course and treatment of gonorrheal arthritis.
4. Describe several forms of corneal ulcer, their causes and treatment.
5. Differentiate calculus in bladder from calculus in kidney.
6. Give the differential diagnosis of malignant and non-malignant breast tumors.

PATHOLOGY.

1. Name and describe briefly the various laboratory methods of sterilization by heat. Explain "fractional sterilization" and give reasons for its employment.
2. Name and give method of staining of the specific organism in the following diseases: Meningitis (two varieties) and gonorrhea. Give Gram's differential method of staining the latter.
3. Give the gross pathology of ulcer of the stomach, with usual location of the same and theories as to its causation.
4. Define ascites and give the gross pathology of three diseases giving rise to it.
5. Name the connective tissue tumors and state which are malignant. Of those malignant describe the one most so and

name its subvarieties in the order of their malignancy.

6. Give the gross pathology of a severe case of malarial fever (Aestivo-autumnal type). Describe the parasite causing same and name the insect which acts as an intermediary.

GYNECOLOGY AND OBSTETRICS.

1. Describe treatment of a shoulder presentation.
2. What method would you adopt to relieve a prolapsed foetal cord.
3. How would you manage a case of retained placenta associated with profuse hemorrhage?
4. Give me your treatment of a prolapsed and retroflexed uterus.
5. Give indications for and methods of applying a vaginal tampon, and state how long should it remain in the vagina.
6. Describe the operation for repair of a complete perineal rupture.

PRACTICE.

1. Define (a) pyelitis, (b) pertussis, (c) urticaria, and in addition give its synonym. (d) Describe Hutchinson's teeth, and state in what disease they most commonly occur.
2. (a) Give the history of a case of incipient pulmonary tuberculosis. (b) How would you make the diagnosis positive? (c) What treatment would you recommend, and what measures would you take to prevent the spread of infection?
3. (a) Give differential diagnosis between follicular tonsillitis and tonsillar diphtheria. (b) Give differential diagnosis between measles and scarlet fever.
4. (a) Give the treatment of locomotor ataxia, (b) lobar pneumonia, (c) chorea.
5. Give diagnosis of (a) locomotor ataxia, (b) empyema, (c) gall stones.
6. (a) What methods would you employ were you called to a case of suspected variola? (b) How would you diagnose this case, and what treatment would you use for (a) the patient, (b) to prevent the spread of the disease?

CHEMISTRY.

1. Define crystalline, colloid, amorphous, crystalloid, nascent.

2. Give composition (formula), mode of preparation and general properties of lime water.

3. Name the halogens and give their general properties and occurrence in nature. In testing, for which one is starch used? Describe the procedure in detail.

4. Give chemical composition (formula) and general properties of bismuth subnitrate and explain the dark color of the stools following its therapeutic use. Name its most dangerous impurity and give test for the detection of same.

5. Describe the element nitrogen with its occurrence in nature, its general properties and relation to vegetable and animal life.

6. Give in detail two reliable dissimilar tests for the detection of albumen in the urine. Name the substances in each test with which it may be confused, and describe the methods of differentiation of each.

MATERIA MEDICA.

1. What are the preparations of sodium and the dose of each?

2. What is the dose of apomorphine, atropine, caffeine, digitalin, elaterinum and santonin?

3. What are the preparations of jaborandi, its alkaloid and dose?

4. What is the composition of compound cathartic pill, brown mixture, seidlitz powder and Donovan's solution?

5. Name the preparations of mercury, and give doses.

6. How are chloroform and ether obtained.

THERAPEUTICS.

1. Define therapeutics, (2) general, (3) special, (4) empirical, (5) rational, (6) prophylactic, (7) mechanical.

2. What are the therapeutic uses of the preparations of belladonna? Describe symptoms, and give treatment of belladonna poisoning.

3. Give physiological action and therapeutic uses of alcohol.

4. Write a prescription for follicular tonsillitis and one for acute bronchitis.

5. Antidiphtheritic serum. (1) How and when to be used, (2) dose prophylactic, (3) curative.

6. Give the physiological action and the therapeutic uses of salicylic acid and the salicylates.

PHYSIOLOGY.

1. Name the constituents of normal urine. Name the abnormal constituents also.

2. What is meant by blood pressure, and how is it regulated?

3. Name the glands in the small intestines and state their functions.

4. What is accomplished physiologically by the portal circulation?

5. Name the varieties of epithelium and describe briefly the function of each.

6. Give the physiological action of normal salt solution.

Summary of Results of Examination Held by the Board of Medical Examiners of Maryland, December 10, 11, 12 and 13, 1907.

No.		Anatomy.....	Surgery.....	Pathology.....	Obstetrics.....	Practice.....	Chemistry.....	Materia Medica	Therapeutics...	Physiology.....	Total.....	Average.....
	COLLEGE OF GRADUATION.											
1	Baltimore Medical, '06.....	86	75	43	63	82	67	83	31	741	82	
2	Howard University, '07.....	44	75	34	56	62	53	84	80	75	563	63
3	Baltimore University, '07.....	91	90	86	109	87	77	83	90	90	794	88
4	Johns Hopkins, '06.....	58	80	80	86	85	80	80	80	75	704	78
5	University of Turin, '06.....	89	90	97	100	84	79	74	95	70	778	86
6	Johns Hopkins, '07.....			51			75					
7	Maryland Medical, '05.....	19	85	40	80	89	40	79	86	60	578	64
8	George Washington University, '07.....	77	85	83	100	90	92	98	92	92	809	90
9	George Washington University, '07.....											

Summary of Results of Examination Held by the Board of Medical Examiners of Maryland,
December 10, 11, 12 and 13, 1907—(Continued.)

No.	COLLEGE OF GRADUATION.	Anatomy.....	Surgery.....	Pathology.....	Obstetrics.....	Practice.....	Chemistry.....	Materia Medica.....	Therapeutics.....	Physiology.....	Total.....	Average.....
10	Baltimore Medical, '07.....	75	70	52		75	80	93	85	85	711	79
11	Woman's Medical, '06.....	61	80	55	90	83	91	93	73	83		
12	Maryland Medical.....	77		75			76	90				
13	Maryland Medical, '05.....			68			59		85	75		
14	University of Maryland, '07.....	55		93			88					
15	Maryland Medical, '07.....			18	10	55	39	36	24	56	336	37
16	Baltimore University, '07.....	28	70				41	80	71	75	595	65
17	Baltimore Medical.....	76		67	85	79	44	62	82	75		
18	George Washington University, '07.....	32	80	76		78						
19	University of Maryland, '07.....	89		67		84	93	75	95	95	755	84
20	American Medical Miss. College, '06.....	67	90	86	90	88	77	92	95	83	765	85
21	University of Pennsylvania, '05.....	61	90	95	84		41	97		75		
22	Baltimore Medical.....	80		80	82	87	90	81	96	80	770	86
23	College of Physicians and Surgeons, Balto., '07.....	89	85			78	92					
24	University of Maryland, '07.....			81		81	68	75	83	80		
25	Baltimore Medical, '06.....	60		62				85	86	95	759	84
26	University of Maryland, '06.....	83	85	81	87	80	77	85	98	92	847	84
27	University of Michigan, '02.....	90	95	100	90	94	90	95	91	85	776	86
28	University of Maryland, '07.....	91	80	88	85	77	84	95				
29	University of Maryland, '06.....			81			53	85				
30	Maryland Medical, '06.....	24		29		53	25	83	80			
31	Medical Chir., Philadelphia, '05.....	32	75	23	63	44	32	64	55	67	475	53
32	College of Physicians and Surgeons, Balto., '07.....	85	80	91	92	94	91	88	87	90	798	89
33	University of Maryland, '07.....	82	85	54	83	75	64	76	76	85	680	76
34	University of Maryland, '05.....						60					
35	Johns Hopkins, '07.....	77	90	97	92	89	95	90	95	95	820	91
36	Johns Hopkins, '03.....	84	98	82	91	93	97	96	94	95	830	92
37	Howard University, '03.....	60		46		75	50			90		
38	George Washington University, '06.....	85	90	63	100	87	47	81	76	85	714	79
39	University of Maryland.....	95					83	75		87		
40	Howard University, '07.....	81	85	67	88	91	67	75	85	90	729	81
41	University of Maryland, '07.....	75	90	77	78	75	55	75	90	85	700	78
42	Johns Hopkins, '08.....	84	90	88	100	87	82	89	90	68	778	86
43	University of Maryland, '07.....	47	60	55	76	64	23	84	90	70	569	63
44	University of Maryland, '07.....	25		60		75	44		94			
45	Johns Hopkins, '07.....	89	90	95	100	96	76	96	97	100	839	93
46	Johns Hopkins, '07.....	75	90	84	76	81	75	95	90	92	758	84
47	University of Pennsylvania, '06.....	84	80	82	84	80	82	80	77	66	715	79
48	University of Pennsylvania, '07.....	79	80	65	85	79	55	80	72	80	675	75
49	Howard University, '06.....	70	95	50	87	86	88	82	76	75	689	77
50	Howard University, '07.....	62	70	26	61	71	41	65	61	75	532	59
51	Howard University, '07.....	86	90	59	88	85	62	72	73	75	690	77
52	George Washington University, '07.....	77	75	65	78	88	68	75	75	75	676	75
53	University of Maryland, '07.....	30	80	68	90	68	47	82	81	70	616	68
54	George Washington University, '06.....	76	70	70	92	77	83	76	81	75	700	78
55	George Washington University, '07.....	77		76		78	83		75			
56	George Washington University, '07.....	76	85	76	100	87	93	80	84	75	756	84
57	Maryland Medical, '07.....	16	80	36	55	75	10	75	70	85	502	56
58	Maryland University, '06.....			75		75	50					
59	Baltimore Medical, '07.....	75		75		75	75	88	77	75		
60	Baltimore Medical, '07.....	75		75			75	82	93	90		
61	Baltimore Medical, '04.....			75			80		85	75		
62	Baltimore University, '02.....	7	25	10		37	16		75	5		
63	Baltimore Medical, '05.....			52			64		92			
64	University of Moscow, '93.....	75	80	58	100	86	64	77	80	60	680	76
65	Maryland Medical, '05.....	26		44		68	63					
66	Howard University, '07.....	52	80	68	91	76	64	90	94	75	690	77
67	Baltimore Medical, '07.....					87	84	90				
68	Jefferson Medical, '07.....	82		63		49			75			
69	College of Physicians and Surgeons, Balto., '07.....	33	85	83	84	68	63	60	45	75	596	66
70	Maryland Medical, '07.....			54		45		75	75			
71	Jefferson Medical, '07.....	66	85	56	68	96	58	75	75	67	646	72
72	Woman's Medical, '08.....	80	80	72	96	83	84	95	94	86	770	86
73	University of Pennsylvania, '07.....	88	80	91	86	80	85	76	81	78	745	83
74	Maryland Medical, '06.....	30		69			57					
75	Maryland Medical, '05.....			32		75	45					
76	University of Maryland, '07.....	58	85	75	100	76	76	68	62	80	680	76
77	Leonard Medical, '07.....			75			88		85			
78	Ohio Medical University, '03.....			84			76					

Of the 78 applicants in the above who were present, there are 45 who participated in the examination for the first time, of whom 34 were successful. There were 28 applying for re-examination in branches in which they previously failed; 10 were successful, working off all branches. Primary examinations require a general average of 75. Those re-examined are required to make 75 in each branch. In the above list there are five (5) who took the examination for second year students who have completed studies in Anatomy, Chemistry, Materia Medica and Physiology.

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THE PREVENTION OF TUBERCULOSIS AMONG SCHOOL CHILDREN.

By Henry Barton Jacobs, M.D.,

Baltimore, Md.

EVERYWHERE the world over in the past few years great attention has been given to the subject of the relief and prevention of tuberculosis, but the measures provided refer almost wholly to the adult population and little consideration outside of France has been given to that large number of individuals below the age of 15 which in the next few years are to become the active working force in every community. The child of today is the adult of tomorrow; the generation of school children of today is the generation of fathers and mothers a very few years hence. Therefore so long as tuberculosis is allowed to retain foothold in this generation of children, so long will it hold its sway as a devastating disease among adults.

All authorities upon the subject of tuberculosis are agreed upon the *latency* of the disease; that is, an infection of tuberculosis does not immediately manifest itself as do measles or scarlet fever and many other of the infectious diseases. With them we know that within a certain number of days after exposure the child or the adult will come down with the disease or he will not. If he pass this maximum number of days and does not fall sick, then it is known that he has not taken the disease and is secure. With tuberculosis nothing like this happens. It is not possible to predict whether or not a person has become infected, and if so when he will begin to show the disease. If he is infected, the likelihood is that the disease will remain *latent* in the system, awaiting such time for its manifestation as shall be brought on by some undue overexertion or fatigue, some debilitating cause induced by privation, dissipation, overstrain or illness. It is safe to say, perhaps, that in most cases of tuberculosis the infection occurred from one to ten years before its final manifestation. If this is so, as it undoubtedly is, the cases of consumption which begin to be so numerous after the fifteenth year of life must have had their inception, their infection, within the schooldays, and as consumption claims by far the largest share of victims between the ages of 15 and 30, it follows that by far the largest number of individuals are

infected either while of an age for attendance upon school or in the years immediately thereafter.

Indeed, many eminent authorities upon tuberculosis, especially of France and Germany, are firmly convinced, not only by their reasoning, but by their laboratory and clinical experience, that all tuberculous infections are made in infancy or childhood, the disease lying *latent* until, from one cause or another, the resistance of the individual is reduced and the disease becomes manifest. This may be an extreme view, but the instances of childhood infection are so numerous that these views merit careful consideration.

I allude to these facts in the nature of tuberculosis to make it evident to you how important are the years of childhood, how essential it is that during these years every precaution should be taken, not only to prevent infection, but to so protect the child's physique and to improve his powers of resistance that he may pass through the school period and enter into the years of work with a constitution not only not undermined by his school life, but rather so strengthened, and so fortified by a knowledge gained in the schools of how to preserve it so, that he may undertake life's burdens with every expectation of meeting and coping with them successfully, at least so far as health is concerned.

It is evident, therefore, that the ultimate solution of the problem of the eradication of tuberculosis rests largely with the coming generation, that is, with the school children of today, and in solving this problem the mothers and guardians of children, the teachers and other authorities of schools must be the active factors.

Particular responsibility devolves upon the schools, they are the intelligent element in the working force. As tuberculosis is essentially a disease of poverty and ignorance, it is too much to expect that parents in such conditions can give instruction or care to their children at all commensurate in value to the instruction and care possible in the school. This may seem to teachers a large responsibility, but surely it is a responsibility worthy of their highest and most devoted efforts. When they recall that one out of every ten of their children is likely to die of tuberculosis within the next 15 years, does it not stir every instinct within them to make all efforts possible to protect and save this tithe of the bright happy lives whom they see sitting before them daily? I should like to present the many ways in which parents may protect their children from tuberculosis in the early years of life, but time will only permit that I speak today of the schools.

There are many practical ways in which the school authorities and the teachers can make effective the hope which I have expressed that the schools shall become forceful agents in the great work. I want to allude to a few of such agencies. In the first place, the buildings themselves in which the schools are housed should receive the utmost thought and care to make them fitting to protect the health of all those who come to them. Most of these in Baltimore are already built, but more are urgently needed. Of those built and in use, what can be done to make them better fitted

for their purposes? Are they clean? Are they in good repair? Is the ventilation all that could be desired? Are the surroundings suitable? Have they such yards or playgrounds about them that the pupils may get fresh air at recess? Are their sanitary arrangements above reproach? These are all important questions; and if in any single respect our schoolhouses fail in these particulars it should be the duty of our committee to remedy them as speedily and as thoroughly as possible, not upon the standards of hygiene of 10 or 20 years ago, but upon the standards of today. The number of school children found by our school inspectors to be diseased in one way or another is appalling, and if in any sense the schoolhouses themselves can be considered responsible they should be corrected; and even further than that, if the schoolhouses are not such healthy places that they tend to offset and undo the mischief of the insanitary condition of the home surroundings, they are not fulfilling completely their mission, for the hours passed by the child in the schoolroom and in the playground should be hours when health is stored up as well as knowledge. To quote Dr. Gulick's words, "There can be no choice between health and education, only that education is effective for use in life, which is founded upon and which secures good health."

I feel sure that one by one, if proper attention is paid to the subject, our schoolhouses can be overhauled and corrected so that they will fulfill all the requirements.

Of the schoolhouses which are needed and which should be built at once to relieve the great overcrowding which now exists in some quarters, the greatest care should be exercised that they are fully adapted to the present hygienic needs of city pupils. These requirements in a densely populated city differ wholly from those in country or village schools. So many of the children come from slums, tenements and overcrowded dwellings in which they have been deprived of the essentials of health, light, air and sufficient food, and through their intimate association with disease, frequently tuberculosis, that they are not only pale, undersized, delicate children, but probably already infected with the germs of tuberculosis. Dr. Pleasants has recently reported that he found many cases of glandular tuberculosis among the children examined.

In the new schoolhouses to be built special thought, therefore, should be given to pupils of this type, so that their school years may offset to some extent the misfortune of their home environment. This is perfectly possible and not at all utopian or impracticable in its suggestion. Large, sunny, well-ventilated, well-heated rooms, adjacent to or on our public parks or squares, where extensive open playgrounds and gardens could be secured, would do an immense amount of good, not only in protecting the children from further infection, but would often so improve the delicate ones that they would so far recover as to be able to grow up to strong adult life rather than to succumb early to the possible tuberculosis.

This question of schoolhouses in or near the parks or in open

country is not a wholly new thing. In Berlin they have been used for some years and are proving of the highest advantage in the welfare of their pupils. In this country both Cleveland and Providence are undertaking the same thing. Before plans for the new schoolhouses contemplated are matured fully attention might well be given to these facts.

Now a few words as to the manner in which the schoolhouses are managed. Is there here any criticism to be made, any correction necessary? If so, they are to be practical corrections which are feasible and capable of execution if only some little thought and proper attention be given them. Are the rooms kept clean, are they swept *only* after scattering wet sawdust or sand, are they dusted with a damp cloth rather than with a feather broom? Is the drinking water pure, are the drinking cups clean? Are there provisions for the children to wash their hands? Are the toilet-rooms thoroughly hygienic? Do the teachers understand the value of proper ventilation? Are the school-library books sterilized from time to time? Has the system of passing the books on from one pupil to another been abandoned? Nothing can be of more importance than cleanliness of the schoolhouses in all their parts—scrupulous cleanliness. Its effect upon the health of the child is not more important than its effect upon his mind, and it should be the duty of some thoroughly competent supervisor—preferably a capable woman—to see that these conditions exist. These remarks may seem commonplace, but from recent criticisms it would seem that they are not uncalled for.

In the next place, are the studies and the teaching of our public-school children such that the greatest amount of good is being done them to insure useful, healthful lives? Let us stop and consider. If such is not the case, would it not be wise to make such changes at the earliest moment that the aggregate good to 80,000 children of Baltimore may be increased? Eighty thousand children in Baltimore! What a splendid army of new citizens if they could all be turned out of school at 15, healthy in mind and body; but how horrible to contemplate that under present conditions in the world one in ten, or say 8000, of these happy youths are to be dead of tuberculosis before they are 40, and in that death they will not only go through all the suffering incident to the disease, but they will entail unspeakable misery and agony upon fathers, mothers, wives, husbands and little ones, and will involve the community in millions of dollars expense to support them and their descendants!

Surely our school teaching is somewhere wrong that it cannot do something more to aid in the school years toward preventing this horrible sacrifice of young lives. Do our committees and teachers realize these facts? Are they sufficiently educated in matters pertaining to tuberculosis and kindred diseases to direct the teaching which shall be efficacious in lessening the sad results? If not, why will not teachers and committees and superintendents place themselves under such instruction that they may become competent to plan the common-school curriculum so that it shall

enlighten the pupils to the fullest extent on subjects which are so momentous to their health and usefulness? As I have said so often before, what can be so important to teach children as to teach them so to live that they may live, and live healthily? It is the ignorance, dense ignorance, on the part of scholars and adults alike in questions of how health may be preserved that death, particularly the so-called "white death," claims so easily and so early its thousands of victims. It is the duty of the school to dispel this ignorance, to enlighten the young, receptive minds and to preach by example as well as precept the lesson that health is always the first consideration.

You will ask me for specific suggestions as to the nature of teaching possible in the public schools to insure such results as I pray for. It is not easy to formulate them offhand. They depend upon several factors—the age and intelligence of the pupil, the skill and enthusiasm of the teacher. In any event the teaching of hygiene should be considered of first importance—hygiene in its broadest sense. In the first years of school life the teaching must be largely suggestive and by example, taking infinite care to regulate the habits of the little ones in hygienic grooves; that they wash their hands before eating luncheon; that they wipe their feet on the door mat; that they do not spit upon the floor; that they do not turn the leaves of their books by first wetting their thumbs in their mouths; that they do not constantly moisten their pencils with their saliva; that they keep their desks and books neat and clean. From such elementary instruction in hygiene as this and the formation of automatic habits of cleanliness and health the teaching can broaden out as the age of the pupils increase until pupils of average intelligence over 10 or 12 years of age shall be given extensive courses in physiology and hygiene and in the nature of infectious agents which are harmful to human life. There is no reason why a boy or girl of 12 should not understand very fully why certain groups of mosquitoes are dangerous to health, or why polluted water and milk are carriers of typhoid fever, or why he may not comprehend in a simple way the nature of tuberculosis, the common modes of infection, the precautions to avoid it and the best methods for keeping the body in fine physical condition for resisting it. All teaching which has as a result the increase of the pupil's love of nature and the things of out-of-doors will aid in making possible the sound physique which is so desirable. The school gardens introduced into Baltimore and into some of our other cities are doing much good in this direction.

Time scarcely permits that I should outline such courses of study farther. Suggestions will occur to every teacher. The main point to consider is that it is not by any means so important to turn out a learned boy or girl as it is to turn out a healthy one who knows and appreciates the value of health and the right course to pursue to preserve it. New textbooks, of course, will be needed. The present textbooks on the subjects pertaining to health and how to preserve it are wholly inadequate, and new ones must be written

adapted to the new ideas. Graphic diagrams and exhibits suited to the ages of the pupils illustrating hygienic subjects—how to live, and keep well, what to avoid, etc.—are extremely valuable and must find a place in the schoolhouses. Miniature tuberculosis exhibits in all the schools would help largely. It is perfectly amazing to see the interest which children take in such things and with what clear understanding they talk about them.

Remember, the outlook for the next generation of adults in this struggle with tuberculosis rests in the protection and education we insure to the children of this generation.

No great reform comes suddenly. "Rome was not built in a day." It is "precept upon precept, precept upon precept, line upon line, line upon line, here a little, there a little," until this great battle of useless and preventable sickness and death shall be won. The city and State are just awakening to their responsibility on the question of *public health*, an asset to the community which is greater in value than any commercial enterprise possible. Let each one and all of us do his or her part in reducing to the utmost the untold suffering and misery which year in and year out fellow-citizens are called upon to bear in their struggle with this disease, tuberculosis, which is not only curable, but in the end absolutely preventable.

As I was thinking over what I should say this afternoon I received from the author a little book entitled "Chasing the Cure in Colorado," written by one of Maryland's sons, a former school teacher in this State. It is a most interesting statement of the struggles of one trying with more or less success to recover from consumption. It is sad and gay in turns, extremely touching in parts, and it portrays vividly the days of the tuberculous invalid and how he looks upon life, and the appeal which he makes to public and private generosity to aid in stamping out tuberculosis is almost irresistible. You should all read it; it is for sale in the book shops; but what I want to call to your attention particularly is the fact that this little book contains a preface written by Mr. Bates Stephens, the State Superintendent of Education of Maryland, in which he says: "This pamphlet deserves a wide circulation. It has my unqualified approval, and I trust some arrangement can be made by school authorities to give it an extensive circulation among school teachers who are in a position to put into effect its timely suggestions." These are words of great encouragement and show clearly that our State Superintendent of Schools is heartily in accord with us in all efforts looking to the suppression of tuberculosis. Moreover, his words fit particularly the object of this meeting when he says "school teachers are in a position to put into effect its timely suggestions."

Probably there is no body of men or women in the community who are in position to do so much toward the ultimate eradication of tuberculosis as the school teachers, for it is to the instruction and the example in the schools that we must look for the final solution of this problem.

THE PLAYGROUND AS AN AID IN THE PREVENTION OF TUBERCULOSIS.

By G. E. Johnson,

Pittsburg, Pa.

ONCE upon a time the citizens of a certain city were much interested in hygiene, and when the question arose as to whether they should build a great public school or open a playground, it was decided to open a playground. Now it came to pass in the course of years that the citizens of that city advanced so far beyond the rest of the human race that in all the centuries since, the nations that have gone on building public schools instead of opening playgrounds have not been able to catch up with them, even to this day.

It would seem a somewhat new and striking statement to assert that up to 10 years of age the playground is more essential to the education of children than is the schoolroom if the Greeks had not said it so many centuries ago and then proved it.

This is fact, not fancy. At seven years of age the Athenian lad entered the palaestra, which was essentially a playground. All the first and better half of the day was spent in games, dancing and play. In the afternoon there was singing, some writing (the beginners learned to write in the sandbox), some reading, all in the open air, and then came a long period of play again. Such was the schooling of the Greek boy to 10 or 11 years of age, and it did not differ essentially, except as to the severity of the exercises, up to 16 years of age. The results of the Greek education are familiar to all. It produced the highest type of man, physically and intellectually, that the world has ever seen, which Galton, I believe, asserts was as far in advance of the modern Englishman as the modern Englishman is in advance of the native African. However that may be, it is true that we have in our education inverted the order of importance as determined by the Greeks. They placed the emphasis upon hygiene, physical training, games and play, which we neglect, if not ignore. They cared for the strong and sometimes left the weak to perish. We care tenderly for the weak and often leave the strong to perish.

This is fact, not fancy. In the State of Massachusetts, where I had the privilege of acquiring most of my experience in educational work, a child to obtain the best educational advantages must be blind, deaf, feeble-minded, incorrigible or a truant. Then he is given playgrounds, gymnasia, baths, fresh air in abundance, gardens and play shops. The great majority of normal children get along the best they can without them. I understand that in Providence, R. I., they have decided to provide an open-air school for children with a tendency to tuberculosis. So consumption seems

to be another of the list of ills one of which a child must have in order to enjoy the best educational advantages. I am not disapproving of this care for the weak. I believe in it with all my heart, but this we should have done and not have left the other undone.

I do not know why it is that we should reserve our flowers and our kindest words until after death has deprived us of the opportunity of bestowing them upon the living. There is one thing for which all people, even the poor, spend lavishly, and that is a funeral. There is one park that every community possesses, and in the great majority of communities it is the only park—the cemetery.

We have a new playground in Pittsburg. It was dug out of a side hill, and even the small amount of vegetation that had been there was turned under the yellow soil. It is a great acquisition and some day will be a beautiful place, but last summer, under the hot sun, our little children nearly perished lacking shade and shelter. The playground director and I cast longing eyes over the iron fence that separated our playground from the great and beautiful Allegheny Cemetery, with its reaches of green grass and beautiful shade trees beyond. Right next to the playground were rolling mounds of green and pendent willows so far away from the costly monuments or the humbler stones in that great city of the dead that they could scarcely have excited the comments of the children, nor could the dead have heard if one sweet song of those little folks had risen more loudly than the rest and been carried in their direction by the summer breeze. "Would you dare?" we asked each other. "Let's go and ask the custodian." So we entered through the great iron gate, sought the residence of the good man in charge and timidly made known our desire—just to let the children sit under the trees for a little while and sing their songs and fold their papers. Kindly and sympathetically came the expected answer: "No, no; it cannot be done." It seemed like the irony of life—flowers, grass, trees, birds in abundance for the dead, but none for the living child. Alas, if blindness, deafness, feeble-mindedness, sickness, sin or death must fall in our midst before we even attempt to rise to the standards that the privilege of life alone should inspire within us!

We have then apparently reversed the order of importance in education as it was observed by the Greeks, and we have made a great mistake, it seems to me. The first step toward the proper observance of school hygiene is to provide a school playground. This step is one of especial interest to those concerned in the prevention of tuberculosis.

But the work of the playground in the crusade against tuberculosis is one to be done before, not after, the disease has been acquired. Young children do not seem to be dying of consumption, according to Dr. Arthur Newsholme. He reported at the Inter-

national Congress on School Hygiene that only 7 in 10,000 children from 5 to 15 years of age die of tuberculosis each year, and of these seven only three are pulmonary cases. He concludes that only 1 in 300 school children have diagnosable pulmonary tuberculosis. This is very gratifying and it appears to give the playground its opportunity to do the kind of work it ought to do in the crusade against the great white plague, and that is to help prevent rather than help cure consumption.

Why will a school playground aid in the prevention of tuberculosis, especially when not many of the children have tuberculosis? This is a question that might perhaps be answered more properly by the medical profession than by the teaching profession. In fact, the medical profession holds the key to the elementary educational problem today. The most significant and the most important movement in public elementary education today is the movement for the advancement of hygiene. The medical profession, including the biologist and physiologist, holds in its possession facts about children that are absolutely fundamental to the right education of children and that are not sufficiently known to the teaching profession, certainly not to the general public. You will pardon in this instance a layman's brief review of some of these facts, for such a review is important in this discussion. When a child is born into the world it becomes for the first time an air-breathing animal. Its lungs, which before have not been in activity, must continue in regular and constant activity till death. For the first time the light of the sun becomes a tonic and a necessity. Jacob Riis tells us that practically every child born into rooms in New York into which the light of day could not enter died. The child now for the first time becomes dependent upon the action of his own digestive apparatus for nourishment. Air, light, food become from birth essentials for growth and life. The body of the child has been likened to an army of cells prepared to fight the battle of life, but this battle for life, we are told, is fought by the young child at a great disadvantage as compared to the adult. Some half-dozen diseases that rarely attack the adult are so constantly besetting young children that few escape them. Indeed, so surely were children formerly supposed to acquire these diseases sooner or later that parents not infrequently purposely exposed their children to them so that they might the sooner be over with them. But in regard to diseases which attack both children and adults the child is also at a disadvantage for several reasons. His skin is less protective. It lacks the hard, horny surface of the outer skin of the adult; also, in a measure, the sebaceous covering and growth of hair upon the skin, and he falls a much easier victim to skin diseases. More than this, the inner skin and the tissues beneath it have less power of resistance. This is true of the tissues of the muscles of the body, which at this age are given more to

growth and less to resistance. The blood is less alkaline and is consequently less germ-destroying. The serum, likewise, is said to be less destructive of disease germs than it is in the adult. Those fighters of disease germs, the phagocytes of the white corpuscles of the blood, are far less numerous in the blood of the child than in the blood of the adult, comparing in number as only about one to two or two to three. Young children are also more susceptible to colds and to diseases of the respiratory organs. Only in the vaguest sort of way do teachers and parents generally realize these facts and their significance in child rearing. Now, it is not these facts that account for the frightful mortality in the first years of life. These dangers of the early years are not dangers that are finally passed by by those who survive. Their effects abide through the years and render the half of those surviving easier victims to future ills. What if only three children from 5 to 15 years of age in 10,000 die of consumption! More than 4000 of each 10,000 born into the world die of something before their fifteenth birthday, and after 15 and up to 45 how the great white plague claims its victims! It is then that the depletion of those earlier years shows out. We might have fortified our children in those early years, but we did not realize the need. I was riding with a physician one day who said: "I have just come from a consultation over a little girl dying of tuberculosis. The trouble began with whooping-cough which she contracted at school. She had a long, hard siege of the whooping-cough and her system became so depleted that she fell an easy prey to tuberculosis." Is this not very like the way that tuberculosis comes to a great number after the age of 15? If not depleted by disease, yet they have not been fortified in childhood as they should have been. We have kept them in close schoolrooms and tenements; have denied them playgrounds, where alone they could have the exercise, the air, the sunshine they needed to acquire the abounding health which should enable them to withstand the attacks of consumption in the years of greatest prevalence. Speaking along this line, Dr. Tyler in his chapter on "Mortality and Morbidity" says:

"It would seem highly probable that the increased death-rate of girls at 18 and thereabout from consumption and other diseases of relatively slow action is the culmination of an attack begun at 13 or 14. If we are to diminish this death-rate, we must fortify the girl against the period of greatest weakness when she is most likely to receive hospitably the germs of fatal diseases. To accomplish this we must not wait until the twelfth or thirteenth year, but meet the difficulty early in childhood."

Huber, also, in his work on "Consumption" says: "There is the long period of latency in which, if the child be well nurtured and if he live hygienically, he will be likely to overcome such tendency to disease as he may have begun life with."

The probability that the contraction of tuberculosis during the years of greatest susceptibility is related to the physical condition of children in the earlier years seems to be increased when we consider the prevalence of sickness among school children. Various studies involving a large number of children indicate that there is much sickness among school children and that it steadily increases from about the time they enter school to about 13 years of age. Key's tables show an increase in sickness from 18.4 per cent. at 6 to 7 years of age to 41.9 per cent. at 13 to 14 years of age in boys, and from 23 per cent. at 6 years of age to 50 per cent. at 13 years of age in girls. These figures and general observation indicate that there is left much to be desired in the point of health in our elementary education. As Dr. Tyler has pointed out, death-rates at different ages do not tell the whole story. The age at which one dies of tuberculosis is not more important to know than the age at which the disease gains its strong foothold. What shall it profit if we bring our children through the early years of school alive, but in such physical condition that they fall easy victims to consumption a little later in life? These are facts which need to be kept constantly before parents and teachers and school boards. A great army of physicians circulating among the homes of the people could say the brief word here and there that would so spread a common knowledge of the needs of children that an enlightened public would soon rise to action. That some of the best and most intelligent citizens need enlightenment is illustrated by an experience of my own last year. In the community where I was living there came before the Advisory Committee the question of an appropriation for the medical inspection of schools. An influential member of the board stated that while medical inspection might be very desirable in a large city, yet in that community, with its well-to-do families, there was no need of a system of medical inspection in the schools. It occurred to me that some valuable information on this point might be obtained from the records of the Board of Health. An examination of these records, which had been kept for a period of 10 years, showed just how many cases of contagious diseases had been reported each month for these years. Tabulating these records by months for the 10 years, I found that there had been reported during the month of July 70 cases; August, 55; September, 88; October, 95; November, 93; December, 130; January, 134; February, 193; March, 208; May, 231; June, 134. It showed at least that in that community contagious diseases are far more prevalent *during school months*, and suggests that perhaps our schools take from rather than add to the health and power of resistance of children.

The first point of attack, I say, along this line is the school playground. The lack of adequate school playgrounds is general, not alone in cities where land is very expensive, but also in communi-

ties where land is cheap. But, worse yet, we fail even more generally to make the use we might of the school yards we have. Tens of thousands of children are allowed no recess in the morning and hundreds of thousands are allowed none in the afternoon. This is all wrong. It plays right into the hands of the great white plague, and I believe into the hands of ignorance also. In a certain system of schools where no recess had been given in the afternoon trial was made of a play period supervised by the teachers. After a fair trial the teachers were asked to write anonymously their opinion of the play period, and there was a unanimous return in favor of it. They gave as reasons "that children were rested, were more willing to work afterwards, did better work, had more zest, were more easily controlled, were brighter and thought more quickly, had a better feeling toward the teacher, were more responsive, the teacher came to know the children as she could not in the ordinary school work, all knew and understood each other better," etc.

Comparatively small yards provide far better play facilities than one would at first believe. Sandboxes, blocks, teeter ladders and other simple apparatus start a train of activities that will not cease so long as children are allowed to use them. Two teeter ladders were made by the janitor of a certain school and placed in the school yard. In visits extending over some months I never failed to find the ladders in use by a group of girls. And this exercise is one of the very best for the expansion of the chest and the correction of posture.

In our vacation schools in Pittsburg next summer in the ordinary city school playground we shall have thousands of children playing in the sand, with blocks, with toys or engaged in genuine games in squads of 20 or 30 coming in relays from the industrial occupations.

The second point of attack of an aroused public should be the matter of ventilation. I have nothing new to say upon ventilation. I believe that there are comparatively few schoolrooms that are adequately ventilated, and, what is very important, fewer still that might not be fairly well ventilated if the teacher or janitor would give intelligent thought and conscientious care to the particular problem of the room. Here, as in the matter of play possibilities, we do not make full use of what we have. I have acquired a headache by sitting 10 minutes in a schoolroom equipped with modern ventilating apparatus because the apparatus was not intelligently used. I have a record of the inspection of school buildings, all in one community, almost under the shadow of the capitol of a State whose laws are strict in the matter of the ventilation of schoolrooms. The law requires that at least 30 cubic feet of air per minute be supplied each child. In Building No. 1, Room 1, the apparatus supplied only 11 of the 30 cubic feet required for the child; Room No. 2, only 11; Room 3, 7, and Room 4, 7. In Building No. 2 there was not air enough passing through the foul-air

shafts to turn the wheel of my anemometer. The janitor regularly kept the fresh-air inlets closed tight. In Building No. 3, a new and perfectly modern building, the ventilators were kept regularly closed, but the teachers supposed they were open. In Building No. 4 the apparatus supplied in the several rooms only from 3 to 14 cubic feet of air per minute to the child. In this building there were both direct and indirect heating plants. The ventilation came from the indirect, but the janitor had instructed the teachers to keep the registers supplying the air closed, for then he could supply more heat to the radiators. In half an hour the air became so bad that it could be detected by the nose. These are not isolated cases. I believe they could be matched in the majority of communities the country over. They were serious and were due to ignorance, and were largely remedied without the expenditure of an extra dollar, unless possibly for coal. These two topics, playgrounds and ventilation, are all that can well be attempted in this brief discussion of school hygiene, but they are points of vital interest in their relation to tuberculosis.

Now, in all probability there was a time in the development of the race, after man had gotten fairly on his feet and had extended his explorations and increased his power in the chase, when there was an accelerated development of the legs, and with the increased use of the legs an enlargement of chest and lung capacity. Food supply naturally increased both as to area and variety. Man became a better liver. Digestion and assimilation increased and a balance was maintained by the character and amount of exercise obtained in the hunt and the chase. Now, there is a period analogous to this in the development of children. Up to about 12 or 13 years of age there is a striking development of the legs as compared to the increase in height of the trunk. After that age there is a gradual return toward the proportions of infancy and also of adult life. During this period games of running and chasing are very prominent. There is needed a well-balanced food supply, digestion and assimilation to support this severe strain of increase in height and great activity. Suppose we could take one of these prehistoric men, with his fitness and need for his kind and amount of exercise, and place him in modern conditions; send him to school, seat him at a desk with pencil and book, with bad air; stuff him with sugar, candy and modern breakfast food, pies and doughnuts, and provide no place nor incentive for running. What may we suppose would happen? Just about what happens to hundreds of thousands of our children. The child's digestive apparatus, need of fresh air, necessity for running and chasing are practically what they were for primitive men. Social customs have changed much in thousands of years, but the spinal cord, the order of growth, the digestive apparatus, the needs of a growing muscular system have changed very little indeed in many thousands of

years. One might bring to bear much evidence, biologically and physiologically, to prove the seriousness of lack of play and of bad ventilation in the rearing of children and their relation to sickness and tuberculosis. But is there anyone in the wide world whose common sense does not tell him practically the same thing? We only need to get him to thinking about it; he will not then halt long between two opinions, whether it is more essential that a child develop his legs, expand his lungs, stimulate his digestion, have pure blood and acquire perfect control of his body, or, lacking these, gain a knowledge of letters. Let us not weary in this work of propaganda. Even well-known facts should be kept constantly before the public. Our knowledge tends to keep far ahead of our acts. A minister once preached a very suggestive and practical sermon which received the praise of his congregation. The congregation, however, was greatly surprised when the minister preached the same sermon on the following Sunday. Consternation seized them on the third Sunday when their highly-respected and beloved pastor preached the sermon for the third time. Then a committee waited upon him and demanded an explanation. The minister said: "When you begin to practice that sermon I will preach another." He was a good psychologist. Enough good sermons are preached every Sunday of the year to bring in the millennium if only all who heard them would put them immediately and completely into practice. We need to get these facts about children into our hearts and our wills as well as into our intellects.

Let us remember, then, that we have reversed the order of importance in education as it is dictated by nature and as it was once observed by the Greeks. We do not care for the normal proportionately to our care for the abnormal. The medical profession holds an important key to the situation in that it can greatly increase the desired emphasis upon school hygiene. The providing of suitable playgrounds is essential to the proper observance of school hygiene and necessary in the fight against tuberculosis. We should continue vigorously the work of propaganda, but meantime make greater use of the opportunities already ours.

MODES OF PREVENTING TUBERCULOSIS IN THE SCHOOLS.

By H. Wirt Steele.

ADDRESS AT M'COY HALL, JOHNS HOPKINS UNIVERSITY.

I DESIRE to predicate what I shall have to say upon the subject of the relation of the public schools to the prevention of tuberculosis upon the following paragraph from Miss Mary Richmond's new book, "The Good Neighbor:"

"The streets and schools should be everybody's affair, and the condition of the schools—for to these, at least, we are already fully

committed—would be a very fair test of the true neighborliness of the community. If the schoolhouses are, some of them, so crowded that pupils can be given only half-time instruction; if the buildings are ill-ventilated and insanitary; if the teachers, janitors and superintendents are subject to political interference, then we are letting the most helpless members of the community fall among thieves."

I would lay the primary responsibility for making our public schools right upon the school visitors, who in our system represent the parents and the public. They are in their best sense the connecting link between the public which owns the schools and the schools themselves, or, perhaps, more accurately, between the owners of the schools and the commissioners and officials who manage them. I would have these visitors realize most keenly their responsibility, and would suggest an inquiry into the results obtained in the city of London and among the city and rural schools of Wisconsin.

To my mind the fundamental thing, then, that is necessary before the schools of Baltimore can assume their right functions in the solution of this very grave social and economic problem, the prevention of tuberculosis, is that the schools themselves be more clearly an expression of the real democracy, which is the highest ideal of American life. In keeping with such an ideal and in performing this high function the school buildings naturally become our social centers, the actual center of education, not only for the childhood, but for the adult population in their neighborhoods as well.

I. FOUR FUNDAMENTAL THINGS.

Let us consider, first, the school population. There should be an accurate classification of all the pupils on a basis of physical well-being. To obtain such a classification on a working basis there should, of course, be adequate medical inspection. By adequate inspection I mean more frequent re-examination of all children than is now possible. With five medical inspectors working even as they do now, unselfishly and hard, it is impossible to make the one or two re-examinations in a year mean much more than a new first examination. Then, too, there should be a sufficient force of school nurses to follow up all cases of communicable disease and physical shortcomings in the homes of the children. The work in the homes is of most vital importance, for, after all, and in the last analysis, the best and most ancient institution for the care and education of children is the family. And it is only the diligent, painstaking work with case after case that will accomplish the lasting reform we seek.

All cases of open tuberculosis or surgical tuberculosis among school children should be segregated and given special classes. It seems to me that this is especially important in the case of those

children suffering from tuberculosis of the bone or joints which renders them physically incapable of competing in every way with their fellow-pupils.

All children suspected of having tuberculosis should be removed from too close proximity to other pupils or teachers, and should receive the watchful care of teachers, nurses and medical inspector to the end that should the disease develop they might be placed under treatment early and given every chance for life. This can be done—in fact, has been done in Chicago and some other cities—without undue hardship to anyone concerned.

All children whom the diagnosis show to have pulmonary tuberculosis should be removed from school by all means. It seems to me that there is no reason sufficiently strong to keep the consumptive child in school a day after positive diagnosis is made. As the essentials of cure for him are absolute rest, fresh air, sunshine and food, and as the absence of any of these makes recovery doubtful, the schoolroom is certainly the wrong place for him. Such a child should recover quickly under proper conditions at home. Naturally, he should be under the eye as often as possible of the school nurse, who should see to it that he is given every essential necessary to his cure. If the family for any reason is unable to secure proper food in sufficient quantities or any other material comfort, the nurse should and naturally would seek such charitable relief as in her experience she undoubtedly knows to be available.

II. PHYSICAL AND ESTHETIC SURROUNDINGS OF THE CHILD.

It is certainly the duty of the school visitor—in fact, it is the duty of each one of us as a good neighbor—to know that the physical and esthetic surroundings of the school children of the city are the best possible. One of the most important items to be considered in such a relation is that schools be not overcrowded. We are told that some rooms in Baltimore schools are overcrowded, and that so badly that many children may attend but half time. There is certainly a growing need for more school buildings, and when they are built—as they will be when the public demands them with sufficient enthusiasm—it is our further duty to see that they are so far as possible, built so that each child will get all possible light, fresh air and pleasant environments, together with a chance to play. On the subject of the play of the school child I shall say more later.

Not only should the buildings conform to the best plans for supplying air and light, but teachers should be impressed with the importance of proper ventilation. They should approach the subject as a science that they may proceed intelligently to keep a constant supply of fresh air in the room. The ventilating system ought to be used as an object-lesson in the schoolroom that the children may early realize the value of fresh air.

But fresh air within the building is not enough. Many of us hope that the day is not far distant when it will be legally impossible to erect a schoolhouse without adequate provision for playground space. Such provision now exists in New York, Chicago and a number of Western cities. The playground has become as important an adjunct to the educational system as is the textbook, the manual-training table and tools or the school building itself.

Let us go back inside the building. Not only should every schoolroom be adequately lighted and aired, but every room should be kept clean. And I believe it is possible to have the schoolroom approximately as clean as a hospital ward. Naturally, such a condition will require intelligent janitor service. If we have at present a sufficient number of janitors, then they seem to need intelligent supervision. Certainly all schoolrooms should be scrubbed oftener than twice a year. I wonder if it is too much to expect that the time will come when our schoolrooms may be scrubbed once a week or at least twice a month. And might it not pay if the Department of Health would fumigate the school buildings occasionally?

Another important adjunct to the modern school building in the estimation of the school authorities in many cities is the bath in the building. The school bath is not only a positive force for social betterment in the neighborhood, but it works insidiously. I have known a number of poor, weak, anemic children whose home life was neglected, who were habitually underfed, and to whom a bath at home was a most infrequent occasion, who, after a few scrubblings at the school, not only became a force for social regeneration in their homes, but improved rapidly in physical health and appearance.

I believe we have not paid enough attention to the esthetic surroundings of the growing child. There is little, if any, question that the influence of the beautiful and cheerful upon the child mind is such that his growth is more normal; certainly he has a bigger, broader outlook with such surroundings, which has its effect upon his physical health. Every schoolroom should have, therefore, good pictures and such other decorations as will tend to produce a cheerful, happy atmosphere. No schoolroom should be allowed to become sordid or gloomy. There, again, the teacher may more fully realize her function as a good neighbor. It is not within reason to expect that a corps of 1100 teachers, accustomed through long years to the dictates of a party boss, subserving their whole idea of method and right procedure to the mandates of a party machine, would or could within a few years be entirely reformed. It is very gratifying to know, however, that a large part of the teaching force of the Baltimore city schools has caught the new idea of the relation of the teacher to the child and to the home.

Throughout the entire city there are many teachers who are fast becoming real social servants. They are promoting and in some cases belonging to parents' organizations or clubs of parents and teachers. They are taking an interest in and helping in settlement work. They are serving as volunteer members on committees of the Charity Organization Society or serving as friendly visitors for that agency, making points of social contact that are helpful to the child, to the family and, more than all, helpful to the teacher and the schools. In this untiring relation the teacher has the opportunity for being a positive force in this tuberculosis campaign. She can supplement and add force to the instruction and advice given by the nurses and physicians, and oftentimes be the instrument in helping to secure material relief and comfort to the poor consumptive, who may be restored to health or made harmless to those about him.

III. ORGANIZED PLAY.

To those of you who are teachers it is not necessary to dwell upon the educational value of organized play. Suffice it to say that every child is entitled to a playtime, because it is necessary to his development. He is entitled to an opportunity for organized play that he may have a proper two-sided development, because this agency tends to bring out right thoughts and a strong physique, to say nothing of the fact that it promotes team work, inter-responsibility and a spirit of democracy. The point of all is that organized play under proper direction promotes in the individual child the power of resistance to escape tuberculosis. In order to have this rightly-directed play we must, of course, have adequate playground facilities and trained teachers, having a proper vision to organize and direct this part of school work.

IV. SPECIAL INSTRUCTION IN HYGIENE.

All teachers, from the primary grades through the high school and college, including special teachers, should have a normal training in the subject of hygiene. I believe such training should be made a condition of the teacher's tenure, and should include a study of both personal and public hygiene, the care of the body of the individual in relation to cleanliness and proper recreation. Due to legal enactment, we have been unable in Maryland until very recently to use modern textbooks in physiology and hygiene. Legal restriction has been removed, and it is to be hoped that there will be a decided revival of interest in the teaching of these most important subjects. If the teacher has been taught aright, she will never lose an opportunity to teach a lesson on the subject of tuberculosis as a problem of life. She will treat it both as an individual problem and a community problem, and as a good neighbor she will exert her influence to spread the information about consumption and how it is communicated from one person to another, how the soil is prepared for it, and how the power of resistance in the individual and the community may be strengthened.



PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eulaw Street, Baltimore.

\$50,000

TO BE RAISED BY APRIL 30, 1908

“Watch It Grow”

	1st Wk.	2d Wk.	3d Wk.	4th Wk.	Totals.
Theatre Benefit..					\$553.75
April					
March.....					
February	\$236				
January.....	\$100	\$270	\$615	\$1,515	\$2,500
December.....	\$105	\$145	\$175	\$165	\$590.00
November ...	\$451	\$1,001	\$300	\$265	\$2,023.00
October	\$480	\$195	\$280	\$245	\$1,200.00
Subscriptions to October, 1907.					\$4,273.00
Aaron Friedenwald Fund					\$1,346.87
Osler Fund.....					\$19,140.00
Value of Present Realty					\$15,000.00

**PAID SUBSCRIPTIONS TO THE NEW BUILD-
ING FUND FROM JANUARY 10, 1908,
TO FEBRUARY 10, 1908.**

Dr. Woods, Hiram.....	\$200 00
Dr. Harlan, Herbert.....	100 00
Dr. Johnson, R. W.....	100 00
Dr. Likes, S. H.....	50 00
Dr. Knox, J. H. M.....	50 00
Dr. Pleasants, J. H.....	50 00
Section on Laryng., Rhinol, Ophthalm. and Otol.....	31 00
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Dr. Hunt, Reid.....	10 00
Dr. Bruce, L. E.....	10 00
Dr. Cone, Claribel.....	10 00
Dr. Penning, O. P.....	10 00
Dr. Hopkinson, B. M.....	10 00
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Dr. Garrett, R. E.....	10 00

Dr. Belt, S. J.....	10 00
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Dr. Dawson, P. M.....	1 00
Wicomico County Medical Society.....	1 00
Dr. Micheau, E.....	1 00

REPORT OF THE FRICK LIBRARY, 1907.

There are 3137 volumes in the Charles Frick collection, 127 of which were added during the past year and represent the latest works on internal and general medicine in French, German and English. Included among these were 7 books presented by Dr. H. B. Jacobs and 12 by Dr. W. Osler. The others were by purchase from the Frick Fund.

Those making use of the books in the reading room numbered 2634, and there were 1247 books borrowed during the year for home use.

(Signed) J. WHITRIDGE WILLIAMS, M.D.,
Chairman Library Com.

MARCIA C. NOYES,
Librarian.

Subscriptions 1907.

Mrs. H. B. Jacobs.....	\$200.00
Mr. J. Swan Frick.....	200.00
Dr. Wm. Osler.....	100.00
Mr. Frank Frick.....	50.00
January, 1908.	

HENRY BARTON JACOBS, M.D.,
Treasurer.

COUNTY MEDICAL SOCIETY MEETINGS.

Frederick County Medical Society held a meeting on February 5th, for discussion of the Faculty's plans to raise funds for the proposed new building. There was an afternoon meeting for Physicians and a public meeting in the evening.

Montgomery County Medical Society held a public meeting at Rockville on February 7th, at 2.30 P. M. The Hon. B. H. Warner presided and delivered an address. Dr. Marshall L. Price, Secretary of the State Board of Health, gave a talk on general Sanitary and Hygienic Subjects, illustrated by stereoptican slides, and Dr. A. P. Herring represented the Soliciting Committee of the Faculty for the new building, and explained the object of the proposed Public Health institution and Medical Library building.

The Regular Quarterly Meeting of the *Howard County Medical Society* was held at the Howard House, Ellicott City, Md., Feb. 11th, 1908.

Various interesting and instructive papers on Pneumonia were read by Drs. Eareckson, Nichols, Lacy and Nice. Motion was made and carried that the Association send a letter of thanks and appreciation to Dr. L. Gillis Owings for his faithful and efficient service as Secretary of this Society. Dr. Owings is now at Saranac Lake seeking to regain his health.

Dr. S. J. Fort was elected to represent this society at the State Convention to be held in April.

Dr. Wm. B. Gambrill, President.

Dr. F. O. Miller, Sec.

The *Talbot Medical Society* held its winter meeting on February 12th at Easton, with ten members in attendance. Dr. S. Denny Wilson read an exhaustive paper on Anesthesia and Anesthetics. Arrangements were made for monthly meetings under the control of two members for each month. Four new members were received into the Society.

Washington County Medical Society held a meeting on February 13th, at Hagerstown, Md. There were forty members in attendance and a large amount of routine business was transacted. Two new members were admitted and the application of another member was considered. Dr. Charles O'Donovan, President of the Faculty, gave a talk on Medical Organization, and Dr. Marshall Price, Secretary of the State Board of Health, spoke on Public Sanitation. The Society passed resolutions indorsing the bill asking for the appropriation for the new Medical Library building which has been presented to the Legislature for the Faculty.

PAPERS READ AT THE SEMI-ANNUAL
MEETING, SEPTEMBER 11-14, 1907.

THE PHILOSOPHY OF DISEASE.

(An Abstract.)

By *William Herbert Pearce, M.D.*

INTRODUCTION.

My address tonight can hardly be regarded as more than a preliminary statement of the results of my studies in the Philosophy of Disease.

At some future time—when time is less scarce—I hope to present to this Society more fully elaborated views upon the philosophical aspects of pathology.

For the present I shall content myself with the mere enumeration of the subdivisions of my theme, and a synopsis of their contents.

Doubtless all of us, at sometime or other, have propounded to ourselves the importunate query,—What is the significance of disease in the great scheme of Nature?

An attempt to answer this question in the light of modern scientific knowledge constitutes the aim of my present address—an aim that I feel cannot fail to excite the interest of the medical profession—a profession whose energies are wholly absorbed in either the theoretic or pragmatic aspects of pathology. It is surely as desirable for the practical physician as for the philosopher to perceive the continuity and inseparableness of natural processes.

THE METHOD OF NATURE.

Before we can understand the significance of disease in the great scheme of Nature we must know something of the Methods of Nature herself.

The one fundamental conception of Nature that is necessary to the right understanding of her processes, is, that she is always in a state of unstable equilibrium.

Her most obvious attribute is her impermanence.

She is not a changeless entity, but a changeful process, “in which naught endures save the flow of energy and the rational order which pervades it.”

Out of this ceaseless process of Nature, a complicated mechanism arose, which we call protoplasm.

Now the essential difference between protoplasm and inorganic matter is that the former accumulates experience and the latter does not.

According to Wisemann, every organic individual is composed of two kinds of protoplasm.

One of these he calls germ plasm, which continues from generation to generation, and is potentially immortal; the other he calls

soma plasm, or the individual that carries the germ plasm, and that exists only a short time and dies after reproducing other individuals for carrying the germ plasm; this individual constitutes what we call the species. The species are produced by what is called reproduction, an inexplicable property of all living things, manifested alike in individuals, cells and plasms.

In the individuals of successive generations two opposing tendencies are observed.

One of these tendencies is to be alike, and this we call heredity; the other tendency is to be unlike, and this we call variation.

These variations probably result from gamogenesis upon one hand, and an ever varying environment on the other.

The larger number of variations are slight departures from a general average.

They are the building stones out of which species are constructed. That the most choice material may be used, Nature reproduces in a most prodigal fashion. Living things increase at a rate of multiplication absolutely incompatible with the possibilities of existence. That you may have some idea of the geometrical ratio of increase of the simple forms of life, let me quote Strassburger to the effect that there are generated daily in the intestinal tract of a single man one hundred and twenty-eight trillion (128,000,000,000,000) bacteria.

A single nematode may lay sixty million (60,000,000) eggs, and a tapeworm one thousand million (1,000,000,000).

And if we turn to the opposite extreme of life, we shall still find that a marvelous fecundity exists. Darwin has shown that a single pair of elephants in seven hundred and fifty years, could produce nineteen million (19,000,000) living elephants.

As a result of this amazing fertility, a frightful struggle for existence ensues between all living things. The individuals that survive this struggle and reproduce themselves we call favorable variations, and those that perish without leaving progeny we call unfavorable variations.

It is this process of elimination of the unfavorable variations, and the consequent preservation of the favorable ones, that Darwin called Natural Selection and Herbert Spencer better named the Survival of the Fittest.

Natural Selection is really a law of elimination rather than selection.

The fittest survive only as the least fit perish.

Nature does not select the fittest; she simply eliminates the least fit.

In recent years, scientists have been asking the question,—Is Natural Selection adequate?

Are the variations out of which species are builded fortuitous, or are they chiseled stones?

The answer to these questions is to be found in a fundamental property of protoplasm.

It is a quality of all living things that they approximate endless adaptations to their inconstant environments.

Respiration and heart action keep pace with exercise.

Heat is radiated by sweating and generated by shaking, to meet the requirements of external conditions.

Muscles hypertrophy, with use, and the epidermis, is indurated by friction.

The eye may become either hyperopic or myopic through the service it renders.

Our bodies can be adjusted to enormous quantities of lethal substances, and acquire perfect immunity to specific infections.

By surrounding certain larvae with gilt paper, Poulton succeeded in developing numbers of gilt spots on the larvae.

Merrifield has shown that great changes in the color markings of butterflies may be produced by changing the temperature at which the larvae are allowed to develop.

In *Trichina* degeneration has gone so far that the digestive tract is represented in part by a single line of endoderm cells, pierced by a cavity.

The tapeworm has lost all traces of its digestive tract, absorbing the already digested matter of its host through its body wall.

The stereotropisms of the earth-worm and the orientations of the winged aphids toward the light, are beautiful illustrations of adaptation.

We know very little of the mechanism of these adaptive changes, but we do know that they occur and that the plasticity of an organism is the measure of its fitness.

Variations survive in the ratio of their adaptability to the changing conditions of their environment.

The preservation of a variation by accommodation until it becomes incorporated into the species, constitutes Professor Baldwin's theory of Organic Selection.

Just as the determination of the individual development, is by a process of adjustment to a more or less stable environment, so the evolution of the race is throughout, in its great features, a series of adaptations to the same bionomic conditions.

Nature sets a premium upon plasticity and adaptability of function, rather than on blastogenic fixity of structure.

The increasing mobility of growing intelligence gives a fresh impetus to phylogeny.

Professor Baldwin well observes, "It has been the psychophysical which has been the unit of selection in the main trend of evolution."

In man, and the higher animals, consciousness, with its accumulations of race experience, handed down by tradition, supplements physical heredity.

Social transmission by directing accommodation, preserves certain available congenital variations, that determine phylogeny, and is, therefore, a form of Organic Selection.

Human progress depends almost wholly, on improved intelligence. The creature that thinks, has a general screen from Natural Selection.

Darwin recognized this fact when he wrote, "With highly civilized nations, continued progress depends in a subordinate degree on natural selection."

One is not to conclude from these studies, that the theory of Organic Selection is a substitute for Natural Selection; it is rather a supplement of Natural Selection.

Natural Selection is an eliminative process, and is therefore, a negative formula. Organic Selection on the other hand is a directive determinate, a real force emphasizing that which renders an organism fit, and is therefore a positive formula.

The only effect that the theory of Organic Selection has upon the general doctrine of evolution, is to alter the emphasis among its factors.

THE NATURE OF DISEASE.

In the preceding section we concluded our studies in the Method of Nature, and are now prepared to inquire into the Nature of Disease.

To Professor Huxley—if I remember correctly—we are originally indebted for the statement that pathology is but a branch of biology. And if we are to acquire anything like an adequate appreciation of the phenomena of pathology, we must study them in all their zoological ramifications; to say nothing of their floral distributions.

Pathological processes are probably co-extensive with biological phenomena, and embrace the entire fauna and flora of our globe.

According to Virchow, every departure from the normal in the individual, is to be regarded as a pathological condition.

Unfortunately, however, he gives us no standard by which to gauge normality.

Viewed in their aggregate, organic functions constitute a dependent, moving equilibrium.

In the conflicting processes that tend to effect this balance, there is always a differential progress towards either integration or disintegration.

In the redistribution of matter and motion, evolution and dissolution are continually qualified the one by the other.

When the differential results make for evolution, the process is normal, and when the differential results make for dissolution the process is pathological.

Ziegler, in defining disease, says: "By the term disease we are to understand a deviation of some of the vital manifestations from the normal, the deviation being conditioned by external influences."

Too much stress cannot be laid upon the external factors in pathogenesis; for ultimately the environment must be the sole cause of disease; indeed, every symptom of disease expresses a relationship of the organism to external conditions. The es-

sential problem of disease is one of relationship between an organism and its environment.

Strictly speaking, it is not possible to say that such and such an individual is normal, or that such and such an environment is healthful.

The natives of certain Malarial districts are not made ill by their surroundings.

Their habitat for them is normal; they are adapted to its conditions.

In the Black Assizes, it is said, that the prisoners brought to trial from the putrid goals, communicated a fatal form of fever to the judges sitting in court, the prisoners themselves being quite free from any trace of fever.

Darwin observes that "the first meeting of separate and distinct peoples generates disease."

Nicholas Senn tells us of certain Islanders visited by him who were almost annihilated by contact with civilization and its diseases.

What is innocuous to one race may be deadly to another.

It is said that a tribe in Northern Africa, known as the Psylli, are immune to the bite of venomous serpents that infest their district.

Normality, then, as regards either structure or environment, is only a relative expression; a relationship that is normal for one may be abnormal for another.

While practically we are unable to separate health and disease, evolution and dissolution, theoretically, disease is seen to be essentially a process of dissolution, and one in which all the multifarious phenomena of pathology manifest a disintegration of matter caused by the absorption of surrounding energy.

DISEASE A NEGATIVE FACTOR OF ORGANIC EVOLUTION.

With the Method of Nature and the Nature of Disease defined, we are prepared to investigate their relationship.

In our studies of Natural Selection we found that it was based upon variations and that certain variations, because of their ability to adjust themselves to their environment, tended toward evolution; and that certain other variations, because of their inability to cope with their environment, tended toward dissolution.

We also found that Natural Selection was not a process of selection at all; but a process of rejection, and that it contributed to evolution only by a process of dissolution.

Natural Selection is, therefore, only a Negative Factor of Organic Evolution; but in the very process of elimination creative efficacy is indirectly asserted. In the struggle that ensues from overcrowding, the character of the eliminative content determines in a measure the residual type.

The emphasis that Nature lays upon the dissolutive process is seen in the fact that out of the thousand million species that have constituted the fauna and flora of the earth, the merest handful of

individuals of each species has exhibited selective value as compared with the countless millions that have perished without progeny.

The fecundity of Nature, with its sacrifice of a thousand lives for the advancement of one, points the necessity of the dissolutional process as a factor of evolution.

In our inquiry into the nature of disease we found that disease is none other than this dissolutional process, and that in all of its manifestations it consists in the disintegration of matter caused by the absorption of surrounding energy.

While disease is to be regarded as abnormal it can not be regarded as an unnatural process. Dissolution is as much a part of the natural order as is evolution.

The magnificent schemes of decay that have been demonstrated by pathology, almost parallel the marvels of the genesis and development of life as disclosed by embryology.

Under stress of the theological bias, we have so long looked upon disease as an unmixed evil, it is with great difficulty that we can perceive its real significance, and recognize the part it has played in evolution.

Metchnikoff says, "Diseases undoubtedly play an important role in the history of life on our planet; it is very probable that they have contributed in a marked degree to the extinction of certain species. Diseases were developed on the earth at a very remote epoch. Far from being peculiar to man, animals and the higher plants, they attack inferior forms and are widely distributed among unicellular organisms, Infusoria and Algae."

It does not seem to be sufficiently appreciated by naturalists that it may be beneficial to a species in the struggle for existence, to retain the susceptibility to attack while developing the power of endurance, instead of acquiring a total immunity from attack. A partially immune race can destroy inferior peoples more effectually by infection than by war.

The utility of elimination is developed into an instinct in animals.

Romanes has suggested that the instinct exhibited by certain animals of destroying their diseased and injured members is of use, because such members are a source of danger to the rest of the herd.

The value to the species of eliminating the unfit is, beyond all computation.

The fostering of the superior at the expense of the inferior is Nature's law, and disease is one of her executors.

Long ago, Jesus, with His profound insight into the great heart of Nature, anticipated this fact when He said, "To him that hath shall be given and from him that hath not shall be taken away even that which he hath."

DISEASE A POSITIVE FACTOR OF ORGANIC EVOLUTION.

In the preceding section, we found disease to be a form of Natural Selection, and therefore a Negative Factor of Evolution.

It now remains for us to inquire into the relationship of disease and Organic Selection.

In our Studies of Organic Selection, we found that its theory is that ontogenetic variations harmonize an individual with his environment until congenital variations can be selected.

In so far as accommodation determines the elect fit, it is a positive factor of evolution.

Throughout the organic world there is the greatest profusion of adaptations in normal developments. The question that interests us is: Do the adaptive relations of organisms to their environment obtain in abnormal developments? By abnormal developments we mean a state in which the dissolutorial process is dominant, at least temporarily.

There is in Nature a strong tendency to return to the status quo ante.

Diseased tissues by a process of equilibration tend to revert to their antemorbid state.

Herbert Spencer says, "Among the involved rhythmical changes constituting organic life, any disturbing force that works an excess of change in some direction is gradually diminished and finally neutralized by antagonistic forces, which, thereupon, work a compensating change in the opposite direction, and so, after more or less of oscillation, restore the medium condition. And this process it is which constitutes what physicians call the *vis medicatrix naturae*."

The tendency seen throughout all organic forms to rearrange their inner relations to outer conditions, is just as manifest in dissolutorial processes as in evolutionary processes.

The disappearance of some forms of disease and the advent or increase of other forms results from adaptation. Doubtless the germs that produce disease vary from generation to generation under the influence of changed conditions.

We can well understand how decreased virulency might confer on some forms of microbial flora selective value.

Then, too, if Bastian's theory of archebiosis is true, there are continually springing into existence new forms of pathogenic organisms. We do know that many of the zymotic diseases known to history have disappeared, adaptation and natural selection having eliminated them.

We are doubtless living today in perfect safety amid countless organisms that decimated the ranks of our remote ancestors. Through a long past, man has been adjusting and readjusting himself to new forms of toxic bacteria. Metchnikoff says: "Immunity has existed on this globe from time immemorial and must be of as ancient date as disease."

Even among unicellular organisms and plants we find adaptations to the presence of morbid agents. These lower forms of life swallow up their foe, store them in their vacuoles and digest them.

In man, and the higher animals we find a very elaborate defensive apparatus. The leucocytes of our blood, everywhere present through the organism, stand guardians in the citadel of life.

Whenever we are attacked by an invading foe, these silent soldiers rapidly reproduce themselves and mobilize their forces to meet the onslaught.

In the ensuing struggle the phagocytes, under the stimulating influence of a grand scrap with the invading micro-organisms, manufacture a soluble ferment known as a fixative.

It is generally held that this fixative is essentially humoral, though Pfeiffer and Marx demonstrated the specific fixative of cholera vibrios in the haematopoietic organs prior to their presence in the circulating blood.

The function of this fixative is supposed to be a preliminary preparation of the micro-organism for their digestion, by another soluble ferment, known as cytases which is found within the phagocytes.

Two kinds of cytases are described by Metchnikoff, one known as macrocytasis which manifests a digestive preference for elements of animal origin and microcytasis which digests micro-organisms.

A theory, however, of the mechanism of immunization, for the purposes of our argument, concerns us but little; the fact is adequate.

Whether or not the protective agency is humoral or cellular in its origin; whether or not the chief part is played by the sensibilizing substance of Bordet, the amboceptor of Ehrlich, the fixative of Metchnikoff, or by the alexines of Buchner, the complements of Ehrlich, and the cytases of Metchnikoff, are mere controversial questions relative to method, whose ultimate decision can not invalidate the fact. The essential fact of immunity is the resistance of the animal against the micro-organism.

Koch, in his travels in New Guinea, found in the blood of nearly all the children, under ten years of age, Laveran's parasite, while the adults were completely immune to the malarial infection.

These facts established by Koch are a beautiful illustration in abnormal developments of the theory of Organic Selection.

The refractory individuals acquired an immunity with the approach of adolescence, while the less resistant succumbed to the infection.

The demonstration by Von Behring of specific antitoxins in the body fluids opened a new chapter in microbiology; while the remarkable work of Ehrlich, proving the existence of other antibodies of a non-microbial origin, gives us a fresh conception of the adaptive potentiality of living organisms.

It is generally believed that the reaction of the living elements against the microbial toxins and their allies leads to the production and even the over-production of antitoxins.

Science does not, as yet, possess sufficiently exact data to explain the mechanism of acquired cellular immunity.

Many facts, however, point to the existence of such immunity.

Von Behring insisted that nerve centres injected by bacterial toxins, acquired a hyper-susceptability; but others have shown that ultimately tolerance is established, and that true adaptation takes place.

Susceptability is a general property of living beings, regulated by a common law.

In the chemiotaxis of the lowest unicellular organisms, as in the movements and osmotic reaction of plants, there is manifested the same psycho-physical law of Weber-Fechner which regulates our own sensations.

These marvelous phenomena of adaptation in abnormal developments, point to disease as the most potent orthoplastic influence of Organic Selection.

Disease, therefore, as a form of Organic Selection, must be regarded as a Positive Factor of Organic Evolution.

DISEASE, A FACTOR IN THE GROWTH OF ALTRUISM.

Thus far we have seen that disease is on one hand a process of elimination, and therefore a Negative Factor of Organic Evolution, and on the other hand is a process of adaptation, and therefore a Positive Factor of Organic Evolution; it now remains for us to ascertain its relationship to ethical evolution.

In our studies of the method of evolution, we found that natural selection was continually discounted by the growth of intelligence and its accompanying development of ethical sentiment. The essential trait of moral consciousness is the regulation of the simpler feelings by more complex ones.

With the development of higher sensibilities the interests of self are submerged in our solicitude for the less fortunate.

While it is evident that there is an antithesis between natural selection and ethical evolution, it is also true that the evolution of the higher moral feelings have been developed in a measure by the exercise of an emotion, which was excited by the eliminative process.

It is through the exercise of the mental faculties which reproduce in the individual consciousness, the feelings displayed by others, that sympathy is produced.

The role that has been played by disease in the growth of sympathy through a long and brutal past can never be computed. In the care of the unfortunate is to be found one of the most important factors in the development of human sympathy, which has gradually effected ethical evolution.

There is a popular disposition at present to eschew the discipline that comes from contact with the world's suffering, and an utter lack of appreciation of the ethical significance of service.

The real value of charity, when viewed in the light of the great cosmic process, consists not in the relief that is conferred upon its recipient, but in the emotional education that is acquired in rendering such service.

The only contribution that incapables can make to the world's progress is in the discipline they furnish to self-reliant natures through their dependency.

Your charity organizations and all other forms of charity by proxy are obscurantist institutions.

They not only check the incidence of Natural Selection; but they do far worse—they retard the growth of altruism.

Through the offices of an intermediary, both the blessedness to the donor and the donee is destroyed.

Without contact with the object of his charity your donor is nothing more than an unwilling contributor to the abolishment of objectionable features in his environment, and your donee but the ungrateful recipient of prostituting favors. The ethical significance of service is contained in the unfathomed philosophy of these words of Jesus, "It is more blessed to give than receive."

A mother's love, the most beautiful and bountiful of all forms of beneficence, arises not from the fact that her child is a part of her body—some women love a little yellow dog—but because in the care of it her sympathies are aroused.

It is through a like exercise of our sympathies in the care of the invalid that the growth of altruism is largely effected. In this new dispensation in which the higher law of sympathy substitutes the lower automatic control, there is no retardation of progress; indeed, this transition marks the advent of a far higher law of evolution.

ACUTE PYELITIS DUE TO ACUTE APPENDICITIS.

(An Abstract.)

By Guy L. Hunner, M.D.

There has recently come under my observation a highly interesting series of cases demonstrating that the examination of the urine, usually considered the most helpful aid in the diagnosis of obscure abdominal conditions, may be entirely misleading.

With physical signs and symptoms of acute abdominal inflammation and the finding of pus and blood in the urine we are usually justified in making a diagnosis of disease of the urinary system.

By recording the following cases I hope to demonstrate that in dealing with any intraabdominal condition the clinician should never rely upon any one diagnostic aid to the exclusion of all others.

In December, 1904, Dr. Julius Friedenwald referred to me a trained nurse, aged 26 years, who for ten years had complained of attacks of pain in the right side with more or less constant pain in the right kidney region. She had had two severe attacks within four weeks requiring hypodermics of morphia to relieve the pain.

The attacks which usually lasted several hours began with throbbing in the rectum. This disturbance increased to a severe pain in the pelvic region and was followed by pain in the region of the right kidney. With some attacks there had been pain in the bladder. At times there had been vomiting. She had never been jaundiced. She stated that the pain never began in the kidney region radiating downward. There was no very marked soreness anywhere after the attack was over. A number of the attacks had been followed by the passage in the urine of large amounts of pus and blood. After one of these attacks the urine was catheterized from the bladder and sent to one of the most careful microscopists in Baltimore. He found both pus and blood.

Examination.—At my first examination the urine catheterized from the bladder was absolutely normal. A wax-tipped bougie passed to the right kidney returned negative, and the X Ray picture was negative. While the symptoms pointed to a pelvic location of the primary trouble, I felt that the negative wax-tip was positive evidence that the ureter contained no stone, and yet the urine findings after the attack had been so positive that I considered the case one of urinary-tract disease.

Operation.—I began the operation by exposing the kidney and splitting it from end to end. The kidney was large, and indentations on the surface appeared like scars. No stone being found in the pelvis of the kidney nor palpated in its substance I closed this organ with mattress sutures of catgut and explored the ureter as far as the pelvic brim. The lumbar wound was then closed except for slight drainage to the kidney cortex, and turning the patient to the dorsal position, I made an extraperitoneal inguinal incision and explored the ureter from the pelvic brim to the bladder, with negative results. I then opened the peritoneum and found an hypertrophied inflamed appendix, which, reaching over the pelvic brim, was densely adherent over the ureter. A section of the kidney cortex taken from one of the scarred-looking areas showed a mild grade of interstitial infiltration with areas of glomerulo-nephritis. The patient, whose attacks had been increasing in frequency, has never had a recurrence.

My experience with this case was of the greatest value to me in making a diagnosis in the following case. Dr. M. brought his wife, aged 29 years, to my office on October 9, 1906. Five weeks previously while in Berlin the patient was taken with a frequency of micturition which lasted for eight hours. Then suddenly a severe pain began posteriorly in the right lumbar and flank region and extended forward and down into the pelvis. Within two or three days the temperature rose as high as 103.5° F. There developed a large tender mass in the right kidney region. There was considerable spontaneous pain in the left kidney region but palpation here was negative. The question of operating on the

right kidney was seriously considered. The temperature remained high for one week and the patient was confined to bed for two weeks. She then got better rather suddenly and they proceeded to London.

During her illness in Berlin she had a menstrual period at the regular time. The flow was not quite so free as usual. On arrival in London, about one week later, the bleeding began again and for three weeks, up to the time she consulted me, there had been more or less constant discharge of blood of chocolate color and offensive odor.

While returning to America the patient had another attack on shipboard. The pain during this attack was located more in the umbilical region, but it also extended into the right side. The entire abdomen was very sore and the right kidney seemed swollen and tender. She had nausea but no vomiting.

During the attack in Berlin a specimen of urine catheterized from the bladder contained a large amount of pus.

From the history of this patient, as above recorded, there was every reason to suppose that her attack was primarily of the kidney, but in taking her history there were certain minor details which made me think of the first patient in this series. The irregularity of menstruation made me suspect tubal pregnancy and think more strongly of appendicitis as I have so frequently found tubal pregnancy dependent upon appendiceal inflammation.

Examination of the patient was devoid of special findings.

On returning from the examining room I told the husband that I suspected the case might possibly be primarily one of appendicitis. He did not conceal his surprise at this diagnosis and on the patient's return he laughingly told her of the possibilities. She at once reminded him of several sharp attacks of indigestion that she had experienced during their voyage on the way to Europe when he had jokingly threatened to operate on her for appendicitis. She also spoke of an acute attack of indigestion which had confined her to bed about six months previously.

A catheterized specimen of urine centrifugalized and examined at once showed a few red blood corpuscles, no leucocytes, but many epithelial cells mostly round and oval and mostly degenerated. There were also many epithelial and granular casts.

I sent the patient to the hospital and predicted that the urine would clear up after a few days in bed providing the case was one of primary appendicitis. They had come to my office immediately after a four-hour train trip from New York, and I considered that the urinary findings might be the last indication of her recent attack on ship-board. After twenty-four hours in bed the urine was negative. After three days in the hospital the patient was examined with a wax-tipped bougie which on its passage to the right kidney was obstructed at about the appendix region. The wax-tip returned without scratch marks.

Continued in April Number.

THE PHYSICIAN HIMSELF. By D. W. and W. T. Cathell. Twentieth Century Edition. 8vo., pp. 411. Philadelphia: F. A. Davis Company. 1908.

Surely a book that has been through nearly a score of editions, meanwhile more than trebling in size, has something in it that the profession wants. And an examination of this one shows that it is as full of practical common sense "as an egg is of meat." It is difficult to say wherein the charm of its pages consist, but it is there all the same. It is doubtless due to many elements, not the least important being the impression of thorough honesty and sincerity of the writer. One feels that he not only knows what he is talking about and is a safe guide, but that he means every word of it; he is laying bare his mind without any reserve. And all in so naive a style as to present the attraction of novelty and leave a deep and abiding impress on the memory of the reader.

Our plan of education is woefully defective in making no provision for instruction in what the author calls "the lesser or personal side of medicine," in such matters, for instance, as professional tact and business sagacity, and yet everyone will admit its importance. Indeed, its omission seems most strange when we reflect that a failure to measure up to social requirements on this side of the doctor's training may render useless in the battle of life the highest scientific acquirements.

If there be any way by which the student can be trained in this personal side of medicine, if it be not a question purely of natural, inborn traits and fitness, it is folly not to seek it out and adopt it at once. The author believes that it can be acquired, and we feel that he is right. And we may say what his own modesty does not permit him to say: That nowhere can this training be gotten with such fullness, such reliability, such attractiveness, as in the pages before us.

One cannot open the book anywhere without having his attention riveted by some striking observation. Take the question of homeopathy and our relation to it, for example (pp. 298-306). It is well known that the American Medical Association in 1903 rescinded the restrictions of the Code of Ethics of 1847, making them henceforth merely suggestive and advisory, a change which the author thoroughly approves of. This opens the way for consultations with the followers of homeopathy. Whilst regarding it as merely a false science, he thinks time is rapidly disposing of it and that we but arrest its dissolution by promoting the idea of persecution, which has been hitherto its chief stimulus and nutriment. This seems to be the dictate of common sense, and the whole passage is deserving of careful perusal. A majority of the members of the profession, especially of the city leaders, seem to be of this opinion, and the recognition of these people by law places them upon an equality with us from that point of view. At any rate, a thorough reconsideration of this whole question from the modern standpoint is called for.

A complete index closes the volume.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, MARCH, 1908

MINERAL METABOLISM.

TO THOSE who make it a habit to glance over from month to month in the Index Medicus the titles of articles in current medical bibliography nothing has perhaps been more striking during the last two or three years than the increasing prominence of the subject of mineral metabolism. Whereas formerly in metabolic studies attention was paid almost entirely to the functions and fate of proteins, carbohydrates and fats in the body, of late the salts which accompany these other substances have come to be regarded as of very great importance for the welfare of the body and especially for the regulation of various bodily processes. The nitrogen metabolism has, of course, occupied and must always occupy a central place in the thoughts and activities of those who study metabolism, but the time has come when we must know more about the effect of various mineral constituents, especially of calcium, magnesium, potassium, sodium, phosphorus and sulphur.

Already considerable progress has been made in studies on mineral metabolism. Indeed, researches have been pushed so far that in Germany a small volume devoted entirely to a review of our present knowledge in this field has recently been published (cf. Albu u. Neuberg: "Physiologie und Pathologie des Mineralstoffwechsels," Berlin, 1906).

Of greatest practical importance to medical men thus far have been perhaps the studies of mineral metabolism in their relations to acid intoxication or so-called acidosis, that condition so often met with in diabetic patients (though by no means confined to them). Almost every practitioner has at one time or another seen a diabetic patient gradually grow drowsy, have slow, deep, pant-

ing respirations (air-hunger of Kussmaul), and later on become comatose and die. The cause of this diabetic coma is now thought to be due to the gradual withdrawal of alkali from the nerve cells in the body's attempt to neutralize the excess of acid in the blood which has arisen from insufficient carbohydrate combustion. The urine in such cases is charged with the so-called acetone bodies (acetone, diacetic acid and beta-oxybutyric acid), one of them, the diacetic acid, being recognizable in a moment by the application of the very simple ferric chloride test of Gerhardt. These studies of acidosis have made it possible for us not only to recognize the condition early, but also, at least in some cases, to save life by the administration of alkalies and by immediately increasing the carbohydrate intake.

Another interesting example of the significance of studies in mineral metabolism is the work of Meltzer on the action of magnesium salts. Innocent as magnesium sulphate is when administered by the mouth, if injected subcutaneously or into the subarachnoid cavity it acts as a powerful poison, soon producing complete anesthesia, and, if the dose be large enough, paralysis, cessation of respiration and death. Strangely enough, in animals the effects can be nullified in a few moments by the subsequent intravenous injection of a calcium salt. As Meltzer performs the experiment the "resurrection" of the non-breathing, paralyzed, reflexless animal seems almost miraculous.

The studies on potassium are no less important. Howell's discovery that vagal inhibition of the heart is associated with the liberation of potassium in the myocardium is a fundamental contribution to our knowledge of cardiac physiology and may prove to have valuable pharmacological and therapeutic bearings.

It is perhaps not surprising to find students of the animal body becoming enthusiastic regarding the efficacy of mineral substances in changing conditions when one recalls how important a *rôle* these substances have been shown to play in the growth of plants through the studies of botanists and agricultural chemists. A large part of this modern fertilizer business is an outgrowth of such studies, and the end has evidently not yet been reached.

In the vegetable world one of the most interesting functions is performed by potassium. It seems clearly proven that in certain plants, at any rate, there can be neither formation of carbohydrates nor a wandering of these substances from the places in which they

are formed to the places in which they are stored or used up in the plants without the presence of a sufficient amount of potassium. The pathological changes in plants experimentally deprived of potassium have recently been carefully studied and described by Romer and Wimmer. The symptoms of potassium hunger are manifested by a darkening of the leaves, the appearance of yellowish and brownish spots, curling up of the leaves and death. A very interesting point, too, is the fact that the plant inadequately supplied with potassium is much less resistant to parasitic attacks than is a normal plant.

The trend of modern research indicates, therefore, that the further prosecution of studies of mineral metabolism is destined to throw much light upon the functions of animals and plants both in health and in disease.

THE HEALTH OF THE SCHOOL CHILD.

THE timely papers in this month's issue by Dr. Henry Barton Jacobs and Messrs. Steele and Johnson should once more call the attention of our readers to the great necessity of maintaining a thorough system of hygienic supervision over the physical welfare of the school child. It seems a folly to spend thousands of dollars annually for teachers, buildings, text books, apparatus, etc., when the physical condition of many of the school children is such as to render them incapable of profiting by the advantages offered.

Every instinct of the growing child demands fresh air, sunshine and freedom, and every means should be taken to provide such necessities.

Each school should have ample playgrounds or athletic field, and in the more congested sections of the city where the value of property makes space a consideration, the roofs of the school buildings should be converted into gardens where play and exercise may be indulged in. The opportunities for physical exercise at present are notoriously insufficient in nearly all the public schools of this city. A small, high-fenced bricked yard is all the accommodation offered in the majority of the schools, in which the children are turned helter-skelter for 15 minutes at each session, with scarcely elbow room to play or exercise.

Our American school boards must seriously consider this question and decide whether in justice to the children, as well as to the community as a whole, we should not devote more time to the demands of nature and the physical development of the pupils. Not that this aspect of education is totally neglected. In a number of places in this country the school child is under the supervision of trained physical directors. These places are, however, oases, for the great majority of teachers, school trustees and parents are absolutely ignorant of the physical condition of their children. Some of the facts presented at the recent international conference on school hygiene, held in London in August last, are interesting. Dr. Dukes gave the results of his physical examination of 1000 boys on their entrance into Rugby. They may be regarded as an especially healthy class, yet among them he found many defects "indicative of inferior systems of nature and education." From the extent of the maladies among "the most-favored class of boys in Great Britain" one can imagine the number of disabilities of less fortunate children. Dr. Dukes' results are not legal proof of the conditions on this side of the Atlantic, but so far as Baltimore is concerned we are not forced to rely on conjecture. In the recent report of the Commissioner of Health the result of the inspection of 50 schools, with a total enrollment of 26,705 pupils, is tabulated as follows: Diseases of ear, 174; diseases of eye, 1747; diseases of hair, 2599; of mouth, 388; of nose, 899; of nervous system, 52; of skin, 232; of throat, 2743; general diseases, 398; unvaccinated, 668; making a total of 9900.

Many of the defects are the direct result of improper ventilation and lack of exercise. Many yield to the simplest treatment; and many, if allowed to persist, may prove a serious drawback to the progress of the child in studies, to say nothing of the permanent impairment of health.

Surely it is time for the medical profession to interest themselves in this subject. It is to them that the public looks for aid in all matters relating to health. Let us see to it that every precaution be taken to safeguard the health of the school child, so that the true ends of public education, viz., the training our youths to become intelligent and useful members of the commonwealth, may be assured.

THE DOCTOR'S FEES.

THE timely letter of Dr. Cathell, published in our January issue, is deserving of attention by all family physicians. It is a shame that the specialist who doctors a tiny portion only of the body should obtain, often for really insignificant services which do not at all affect the health of the patient or his ability to live successfully, large fees, while the man who instructs him in the principles of health, saves him from dangerous systemic illnesses, watches by his bedside, often the whole night through, and unravels the tangle of disease in many organs at the same time, gets a pittance which is unequal to the demands of even the most economical housekeeping.

It is time that the physician of good parts should demand a suitable return for his work. He needs to be taught the dignity of his calling and of his position in the community.

By some incomprehensible disregard of business principles our fathers fastened upon us the per-visit system of collection. There is no sense in the system; it is outrageously unjust to the doctors, and its injustice to the patient is controlled only by the custom of reducing the rate according to the deficiency of the patient's bank account. The young man who tries to maintain the fee-table rates cannot win practice, and the older man who maintains them gets no proper return for his increasing skill and experience.

One of the things that keeps up the citizen's often laughable awe of the specialist is that the physician demands so much less for his services. We find patients surprised at receiving any bill at all for attendance in peritonitis and cheerfully paying a specialist \$20 for spraying the nose.

Now, specialism has been the glory of the profession, leading in the forefront of medical and surgical progress. Specialism has broken away from the suicidal traditions of our fathers concerning fees. Our complaint is not that the specialist gets his money, but that the practitioner does not get his share.

There is no doubt that it requires, on the average, more brains to be a general practitioner than to be a specialist in a small region of the body. Many a reader will be surprised at this statement, but it is true. The initial expenditure of brain force may be greater, but the sphere is so small that diagnosis soon becomes easy and therapeutics becomes a routine. There are among

specialists men of pre-eminent capacity and inexhaustible ingenuity who abundantly earn the enormous fees which they charge; there are diagnostic and therapeutic services of specialism which require extraordinary skill; but the general run of cases which go to the specialist should not bring remuneration at a higher average than those which are seen by the family physician. We would not have the specialist lower his rates, but have the family physician increase his till the same general level is reached.

This improvement should be first instituted by the older physicians. Their patients would in most cases submit to the advance if it were made wisely. So firmly have physicians of the past established in the mind of the public the per-visit rate that only the adoption of the method urged by Dr. Cathell can bring the desired change. It is a more dignified method than the older one. It may be begun by ceasing to make the bill an exact multiple of the number of visits—a little more than the dollar or two-dollar per. If the patient objects, he is told that physicians of standing are now estimating their charge more in accordance with the difficulty of the case than formerly; that such and such elements demanded unusual care and skill. If he writes an indignant letter and demands an itemized account, an account in which the sum charged each month, or even each week, may be sent. Younger physicians may train their patients from the beginning to the improved method.

Eventually we must in all authoritative fee tables that we publish state that the difficulty of treatment and responsibility incurred are the basis of charges, and that the list of visits paid is simply a memorandum to aid the memory. In this way the law and the courts can be brought to endorse the more enlightened system of charges.

With constantly increasing rates of expense in food and service it is impossible to continue the rates of our great-grandfathers in medical attendance. It is difficult for one physician to make the change alone. All pulling together can succeed. This is why a free and general discussion of the subject is desirable.

DR. TRIMBLE.

THE sad and untimely death of our comrade and friend, Dr. Ridge Trimble, adds one more to the list of noble medical workers of Baltimore who have given their lives for others. A generation ago Dr. Frick died a victim to malignant diphtheria, contracted during efforts, which many would think not obligatory, to save a patient's life. A few years ago Dr. Lazear sacrificed his life in a successful experiment to discover the secret of yellow fever infection. These heroic men, who left the beaten paths in pursuit of the enemy, are honored, if tardily, by their fellow-citizens in beautiful and enduring memorials; and it is fitting that they should be so honored.

It is likewise fitting that when one has fallen by our side in the ranks, overcome by the same perils which we all hourly face, his companions should, in placing a wreath upon his grave, recognize the modest heroism of the life that he lived.

Dr. Isaac Ridgeway Trimble was born in 1860 in Talbot county, Maryland; was educated at Winchester, Va.; studied at the Johns Hopkins University, and graduated in medicine in 1884 at the University of Maryland. After a year of post-graduate work there as resident physician he took up general surgery, particularly railroad surgery. At the time of his death he was professor of anatomy and clinical surgery in the College of Physicians and Surgeons.

On February 10, while operating on a kidney, he received a cut on his fingers, with streptococcus infection. In spite of two intercepting operations, he died at St. Joseph's Hospital on February 24. (His patient is at the time of this writing on the way to recovery.)

Dr. Trimble's forte was the scalpel rather than the pen. He was at his best in trying emergencies of accident surgery; careful and of good judgment. To all who knew him he was a cheery companion, courteous, ready to listen, ready to advise.

On account of his extreme modesty it is difficult to trace his medical triumphs in the archives of our profession. A number of these are enumerated in the daily papers. He was not only a leading surgeon, but a man well known in social circles. He was buried from Memorial Church, of which he was vestryman. He is survived by his widow and five little children.

Dr. Trimble was a worthy member of the Society of the Cincinnati—a soldier-citizen, strong, active, faithful to duty, who faced his pathetic death like a brave man.

Correspondence.

CONDITION OF THE INSANE IN MARYLAND.

Editor Maryland Medical Journal:

As requested by you, I will attempt to give some idea of the present and prospective care of the insane in this State. The insane are cared for in several different ways: First, the State institutions, including the city asylum, Bayview; corporate and private institutions, county asylums, which differ from county almshouses in that only insane patients are received in these institutions, and, lastly, county almshouses.

Our two State institutions, or, as I would prefer to call them, hospitals, Spring Grove and Springfield, are models in their way. Spring Grove was erected at a time when the older ideas of care of the insane prevailed, probably derived from the period when the cloisters were converted into hospitals for the insane; but it serves a very useful purpose, is well arranged for the acute cases, and is most admirably managed by a most competent and capable man, Dr. J. Percy Wade. The other State hospital, Springfield, is one of the few institutions in this country that has inaugurated the open-door system. This hospital is most admirably adapted to the care of the chronic insane, as it is located on one of the finest farms of Maryland, over 700 acres in extent. These two institutions offer the very best care and the most scientific treatment that modern medicine can furnish.

The county asylums, of which there are four—Cumberland, Frederick, Hagerstown and Elkton—are well managed, but fall far short of what modern care and treatment demand.

The county almshouses are in general entirely unfit to care for the mentally disturbed. The corporate and private institutions are, as a rule, well conducted, though criticism might be passed here and there. The insane should most certainly be removed from Bayview. Not that the patients do not receive good care and medical attention, but due to the fact that Bayview is the "Poorhouse," and I have often heard relatives of patients who were anxious to have their friends placed in one of the State institutions say that they would not consent to sending them to Bayview. The Old World

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stigma of "poorhouse," unfortunately, clings to this hospital.

There is an idea prevalent among the medical profession that patients in the State institutions are received without cost. Every patient in our State institutions is paid for either by the city or counties. In 1904 a law was passed by the Legislature of that year providing for State care. Under the provisions of this act the State assumes entire care of the indigent insane. As I have endeavored to show, this system would provide for a more humane care than can be possible under county care, where the supervision, medical and otherwise, is inadequate, and at the same time would, in the long run, be more economical. It stands to reason that in an institution where the best equipment is provided and the best skilled care bestowed far more patients will recover, the treatment and care will be more humane, and, as I can show by statistics, the cost will be less. I would urge upon the profession to use their best efforts upon their various representatives to advocate the appropriations for the State institutions. The burden will not be heavy, as the idea is to gradually increase the accommodations until we can accommodate all the insane in the State. The progressive States of the Union have adopted this plan, and it must not be said that Maryland lags behind.

GEORGE J. PRESTON,

Secretary of the State Commission of Lunacy.

Excerpts.

SHEPPARD AND ENOCH PRATT HOSPITAL.

DURING the past 16 years 1651 patients have been received at the Sheppard and Enoch Pratt Hospital, according to the report of Dr. Edward N. Brush, physician-in-chief and superintendent. During the year just closed the admissions have increased over 41 per cent. over the previous year and are almost double the average admission rate of the previous 15 years.

With the increase of admissions has come a corresponding and very gratifying increase in the number of recoveries. Those we are able to report this year are just double the average number for the five preceding years and are an increase of more than 50 per cent. over the recoveries of last year. The author says:

Several years ago I took occasion in an annual report to comment upon the remarks of a leader in medical thought and practice who said: "You hear the regret in every report that

patients are not sent soon enough, as if you (hospital physicians) had ways of curing that we have not," and also upon his further assertion declaring that hospital physicians had unreasonably fostered the idea that there was some "mysterious influence" in institutions.

The reverse opinion was expressed by the speaker whose words I have quoted, and he stated boldly that hospitals were "never to be used save as a last resort." Hospital physicians, minus the special appurtenances and nursing pertaining to the hospital, do not have, or profess to have, "ways of curing" which physicians in general may not employ, and which, indeed, in the incipient stages of many attacks of mental disturbance they could not employ to the patient's distinct advantage, not infrequently saving a hospital commitment.

Unfortunately, however, in this country physicians do not have the opportunity to study insanity clinically as they do have in such rich measure to study conditions requiring medical or surgical treatment. As a consequence we find members of the medical profession sharing, and too often confirming, the popular view of insanity which mistakes the symptoms for the disease, which looks only upon the mental depression, excitement or dullness manifested by the patient as the condition to be treated.

If excitement is manifested or motor restlessness shown, measures are taken to calm it; if depression is present, attempts are made to cheer and stimulate the patient; or if dullness and apathy are observed, a commencing dementia or mental failure is assumed and a hopeless prognosis given.

The opiates or hypnotics which are so frequently prescribed to quiet mental excitement often add but another toxic element to those which have produced the condition, and the routine prescription of amusement, recreation, travel and sightseeing given to the incipient case of mental depression but add other exhausting strains to those which have produced the mental breakdown.

Physicians have learned, as was so well said by the president of the recent Congress of American Physicians and Surgeons, Washington, May, 1907, that the use of opium may mask a purely mechanical disturbance; that the control of fever by antipyretics may prove a snare and a delusion; that obstinate vomiting does not necessarily demand a sedative or persistent constipation a laxative. They are thus "led to recall the teachings of Hippocrates, that suitable diet, appropriate exercise, proper clothing and quiet of mind are important not only

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in the maintenance of health, but in the recovery from disease." It is unfortunate that this same knowledge is not applied to the care of the insane.

It should be recognized that the friends of the patient are often much more at fault than the medical attendant, who apparently loses sight of the disease in his anxiety over the symptoms. They insist that the patient must be kept quiet if excitement or a tendency to violence is shown. It is they who plan all manner of forms of recreation or who take the patient on long journeys to his still further undoing. And it is friends of this same class who, by injudicious visits or by premature removal from care, once the patient has been fortunately placed in a hospital, not infrequently play havoc with all that has been accomplished and jeopardize the patient's chances of recovery.

Hospital physicians neither claim "ways of curing" that the whole profession may not have nor do they claim any "mysterious influence" exercised by the institution itself. Nevertheless, the institution—the hospital—does exercise an influence, and a by no means unimportant one.

VOLUNTARY ADMISSIONS.

Not only is the increased number of admissions an index of the growing appreciation of the hospital as a place of treatment, but the very gratifying fact that *over 43 per cent. of our admissions for the year have been voluntary cases*. But one of these cases was classed as "not insane," and in but two was it necessary to subsequently require the friends to procure the certificates required by law to warrant further detention of the patients.

Nothing can do more to remove from public opinion, and professional prejudice, which I am sorry to say also exists, the foolish idea that some stigma necessarily attaches to the patient who has been an inmate of a hospital devoted to the care of mental cases. Nothing will do more to hasten the day when in the majority of cases the insane will be received into hospitals of this kind as freely as the sane now gain admission to other hospitals, and when care, treatment, and even detention, will be sought by those who need it with perfect confidence that all their rights will be respected and preserved, and that in such institutions they will be in the best possible position to be relieved or restored to reason and future usefulness.

CHARITABLE WORK.

The charitable work of the hospital has been carried on along the same lines which have

heretofore marked its course. During the year 40,304 days' care was given to patients. Over 12.5 per cent. of this was given to free patients, and, including the free patients, more than 33.5 per cent. of the entire days' care given patients was to patients who paid an average of a trifle over \$3 per week.

OVERCROWDED HOSPITALS IN NEW YORK.

IN an address before the Academy of Medicine, New York city, last month Dr. Frederick Peterson, formerly president of the State Lunacy Commission, dealt with the defects of the State in the care of the insane.

"Our State hospitals are overcrowded," declared Dr. Peterson, "and the responsibility for this rests on the Legislature. Basing my contention on the increase in patients in the State hospitals, a hospital for their care should be built annually. The Ward's Island Hospital is overcrowded 30 per cent. above its capacity. The State hospitals are inadequately supplied with physicians, and the number of nurses and attendants is inadequate. The wages should be made high enough to attract a better class of persons to these positions. Fully 50 per cent. of the private institutions are scarcely equal to the State institutions."

Dr. Peterson advocated the establishment in every city of places in which the insane can be taken for observation, and condemned the practice of sending them to jails and police stations.

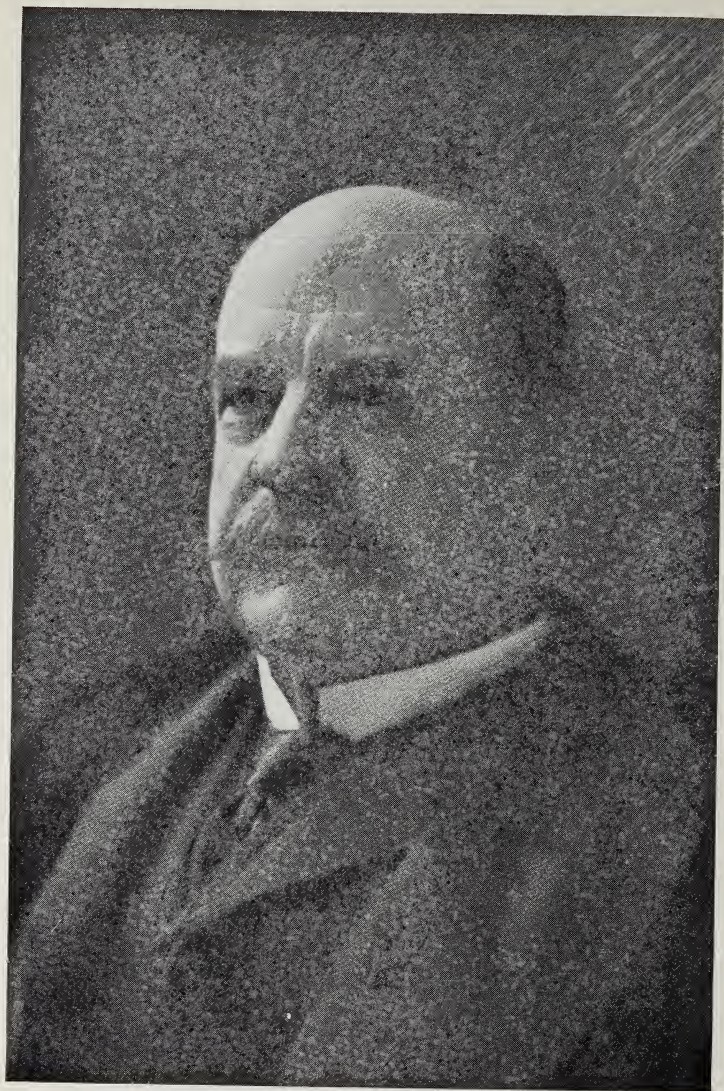
"Over 6000 persons, or 20 per cent., of those in the care of the State owe their insanity to alcohol," said Dr. Peterson.

Dr. Albert W. Ferris, president of the State Lunacy Commission, scored the numerous private institutions which are unlicensed to care for insane and criticised "physicians of recognized high standing" for sending patients to such institutions.

Dr. Carlos F. MacDonald, who was president of the first State Lunacy Commission, told of the improvements in the manner of caring for the insane since the creation of the commission, and lauded the system in the hospitals which has done away with mechanical restraints for patients and substituted occupations in the fields and the hospital shops and amusements.

"I thought at one time that chains and shackles were absolutely necessary," said Dr. MacDonald, "but after I had been superintendent of an institution a year I changed my mind and am now a firm believer in the systematic employment of patients."





—Courtesy of the Medical Review of Reviews.

Joseph D. Bryant

OF NEW YORK

President of the American Medical Association, Who Will Deliver the Annual Oration at the One Hundred and Ninth Annual Meeting of the Medical and Chirurgical Faculty of Maryland. April 29, 1908

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THE USE OF NITROUS OXIDE AND OXYGEN ALONE AND IN COMBINATION WITH ETHER AS ANESTHETICS IN GENERAL SURGERY.

By H. W. Buckler, M.D.

READ AT THE SEMI-ANNUAL MEETING OF THE BALTIMORE MEDICAL AND SURGICAL ASSOCIATION

THE administration of anesthetics has not received the same amount of attention in this country that it has abroad, where in most of the hospitals there are individuals who, from long experience and careful observation, have become specialists in this branch of practice. Although the anesthetic properties of both ether and nitrous oxide gas were first discovered in America, we are indebted to England for the recent progress made in their methods of administration. The rule prevailing in many of our hospitals of allowing a raw interne to assume the rôle of anesthetist, a responsibility second only to that of the operator himself, is a most pernicious one, and is responsible not only for a large percentage of the fatalities occurring during operation, but also for the many dangerous and disagreeable post-operative sequelae. That few fatalities do occur is only another proof of the remarkable safety of ether as an anesthetic; but how many operations, apparently skillfully performed, result unsuccessfully from an unskillful administration of the anesthetic no one can tell.

More is required of the individual who essays to anesthetize than to be simply able to pour enough ether or chloroform into the cone to induce narcosis and then to maintain this condition throughout the period of operation. He should have an intimate knowledge of the physiological effects of all the different anesthetics, or combination of such, and should be able to choose the anesthetic and the method of administration according to the type of patient and the nature of the operation to be performed. For example, it should be regarded as very bad practice to administer ether to a patient for an operation of a few minutes' duration, not requiring complete muscular relaxation, when nitrous oxide gas or ethyl chloride would do just as well and produce no unpleasant after-effects. And, again, the method of administration should be such as to enable the anesthetist to immediately change to some safer or more stimulating mixture if a crisis in the operation or threatened collapse of the patient should demand such action.

In this short paper tonight my remarks will be confined to a discussion of two anesthetics only, nitrous oxide gas and ether, when used alone, together or in a combination with oxygen. The administration of pure nitrous oxide gas is rarely resorted to except by the dental surgeon. The period of available anesthesia is so short if the administration is stopped, and the asphyxia so pronounced if it is continued, that the anesthetic is practically useless for the general surgeon except for operations of less than two minutes. I have repeatedly given the gas in the pure form for simple incision of abscess cavities and for various operations upon the nose and throat, such as the removal of adenoids, tonsils or polypus growths in the nose. Nitrous oxide gas may be given for longer periods, however, when administered alternately or concurrently with air, and in short operations lasting from 10 to 15 minutes this is not a bad form of anesthesia. This method has never been entirely satisfactory, however, for the simple reason that, in order to obtain enough oxygen from the air to prevent asphyxia, so much useless nitrogen must be inhaled as to prevent sufficient nitrous oxide gas being given to produce proper anesthesia. The mixture of air and nitrous oxide gas must contain at least eight parts of oxygen to prevent lividity and cyanosis. Such a mixture would, therefore, contain about 32 parts of useless nitrogen, and the remaining 60 parts of nitrous oxide gas would be insufficient for narcosis. This objection is entirely overcome by the use of pure oxygen with the nitrous oxide, in which mixture the 32 parts of useless nitrogen can be replaced by the useful nitrous oxide and a satisfactory anesthesia maintained without any evidences of diminished blood oxygenation.

As already stated in the early part of this paper, the anesthetist should be governed in his selection of the anesthetic by the type of patient and the nature of the operation. In no case is this so essential as in the administration of nitrous oxide and oxygen. In view of the fact that nitrous oxide and oxygen is the safest anesthetic known, no fatalities having ever been recorded through its use, it would seem that the best subjects are those who are in a greatly debilitated condition from the ravages of disease or who have some bronchial, pulmonary, renal or cardiac lesion that would make the ether or chloroform anesthesia unsafe. Individuals of calm or placid temperament make excellent subjects, while, on the contrary, highly neurotic and excitable persons are very difficult to anesthetize. As is the case with ether, alcoholics and obese persons are practically impossible subjects, and repeated anesthetics are always accompanied by greatly increasing difficulty.

To one class of patients nitrous oxide and oxygen is certainly a great boon. I refer to that class upon whom a second operation must necessarily be performed and who, from previous operative experiences, dread the anesthetic more than the knife. To such persons it is certainly gratifying to be able to assure them that they can be rendered unconscious almost instantly, suffer no pain, and yet recover without any unpleasant after-effects. I have administered nitrous oxide and oxygen for a great variety of operations. For all those of short duration, and especially where a

complete muscular relaxation is not an essential for the success of the operation, nitrous oxide and oxygen is unquestionably an ideal anesthetic. In simple pelvic examination for diagnosis, dilatation and curettage of the uterus, evacuation of abscess cavities, dressing of painful wounds and the removal of deep peritoneal or pelvic drains nitrous oxide and oxygen gives great satisfaction. Diabetics take this combination without the slightest risk of post-operative danger, and I have given it to several cases for amputation of diabetic gangrene with very good results. In one case of a very feeble old lady with a bad senile myocarditis and 6 per cent. of sugar in her urine nitrous oxide and oxygen was administered

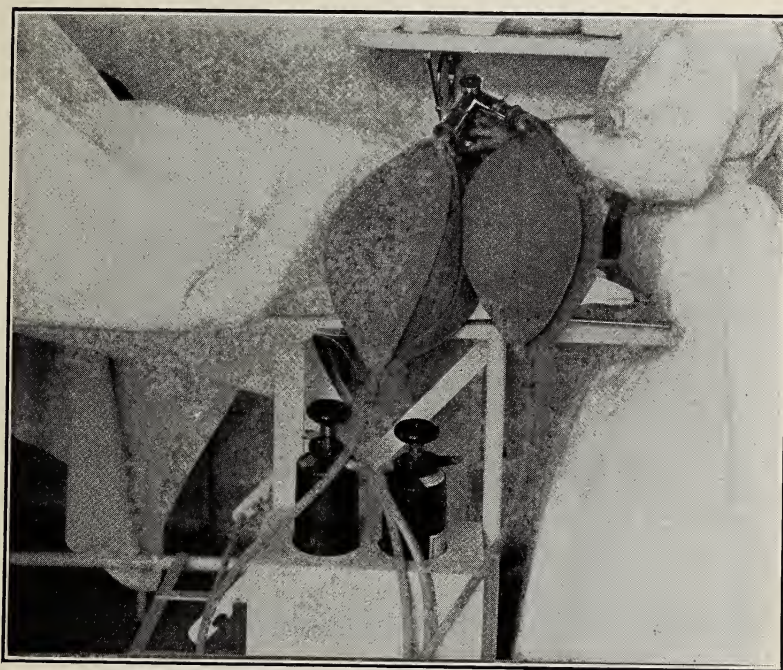


FIG. I.

during the removal of a huge ovarian cyst whose pedicle had become twisted, causing a profound collapse.

Individuals with advanced renal disease also do well under nitrous oxide and oxygen. The kidneys are apparently unaffected by this gas. I have records of over 50 renal operations, including nephrectomies, renal decapsulation for cure of chronic nephritis and the removal of calculi. All these cases made good recoveries and had practically no gastric disturbances, and were able to take copious amounts of fluid after operation—a fact of great importance in this class of surgery.

The apparatus that I use (Fig. I) is constructed on the same principles as the Hewitt inhaler, with certain simplifications suggested by Dr. Joseph Gwathmey of New York. It consists of an ordinary soft-rubber mouthpiece, with an isinglass expiratory

valve immediately above the face of the patient, and two rubber reservoirs, connected with their respective cylinders and fastened on to a V-shaped hollow tube which fits into the mouthpiece. On each of the arms of this tube is a regulating stopcock, with an indicator showing the percentage of the orifice opened, and inside is an isinglass slip which acts as an inspiratory valve, allowing the gases to flow from the bags into the V-shaped tubes during inspiration, but becoming closed by the backward pressure during expiration, thus preventing any rebreathing back into the bags. At the top of this V-tube is a sliding valve that admits air should such be desired before or while the gas is being given. To administer the anesthetic one must place the mask over the patient's face and see that it fits snugly. Any leak may seriously interfere with the administration, and if such be the case, or if the patient has a very thin face or much hair about the mouth, it is best to place a damp folded napkin about the mouth or nose and allow the facepiece to rest on that. Keep the air tap open and ask the patient to breathe freely and deeply in and out through the mouth. Fill both bags about one-half full of their respective gases, and after several preliminary respirations of air, shut off the air valve and turn on the nitrous oxide to full strength. On each full inspiration the patient takes about one-half of the gas in the bag into the lungs, and the supply must be constantly replenished from the cylinders, always attempting to keep the bags about one-half full, as near a uniform pressure as possible. At each subsequent expiration the expired air will pass out the expiratory valve on the facepiece, so that at the end of three or four respirations all the oxygen in the lungs at the time the anesthesia commenced will have been replaced by nitrous oxide. Slight lividity, sterterous breathing or any muscular jactitation will be an evidence of a beginning asphyxia, and the oxygen should then be admitted. Usually I turn the oxygen indicator to about 10, making approximately 10 parts of oxygen and 90 parts of nitrous oxide gas. One must be careful about administering too much oxygen, as it will tend to wake the patient up and produce considerable excitement. As soon as the oxygen is administered a change is almost instantly noticed—the color becomes good, the breathing tranquil, the anesthesia absolute, and surgical procedures may usually be commenced about two minutes after the facepiece has been adjusted. From now on the anesthetist will have his hands full. He must avoid too deep an anesthesia, for the clonic muscular spasms at such times would greatly interfere with the surgeon's work; yet, on the other hand, he must bear in mind that the anesthetic he is dealing with is a very evanescent one, and if the patient is not watched he will come out. I use the patient's eye altogether as an index of the degree of narcosis. When fully under the eyes are fixed and usually turn to some extreme quadrant of the orbit, the return of the eye to the usual axis or an oscillatory movement of the globes being regarded as a sign of lightening anesthesia and returning consciousness.

The sole objection to nitrous oxide and oxygen is that patient's upon regaining consciousness are more sensitive to pain than those who are partly dulled for hours following ether anesthesia. This

can be usually overcome by giving a quarter of a grain of morphia hypodermically just before the gas is administered to all those who may, from the nature of their operation, be expected to experience pain upon waking. As a preliminary to ether nitrous oxide gas has no equal. It is much safer than ethyl chloride, though requiring a much more cumbersome apparatus to administer it. It may be given separately to complete narcosis, and then the anesthetist may change to ether, using an open cone or the drop method. The objection to this is that the patient oftentimes comes out from the influence of the gas during the change of apparatus, and it is much

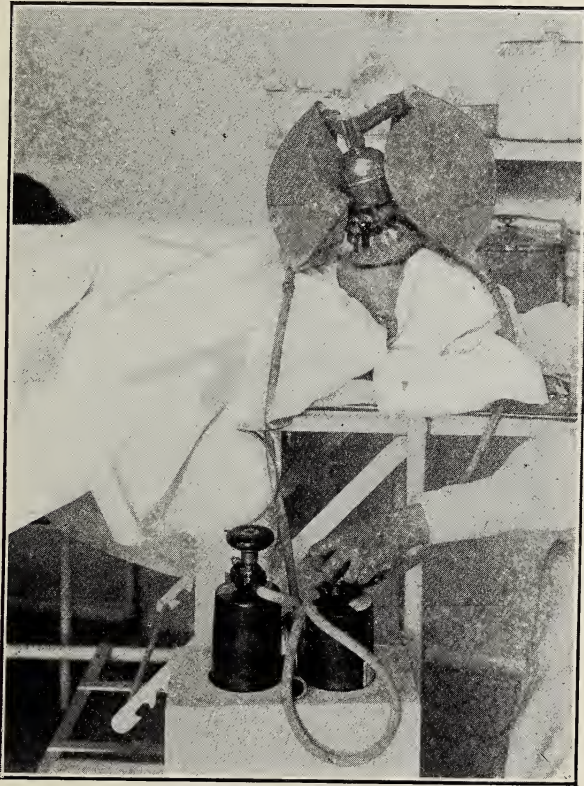


FIG. II.

better to use one of the standard inhalers, admitting the ether gradually, mixed with the gas, until full narcosis is reached. I use by preference the new wide-bore Clover inhaler, and have found it to be the most satisfactory on the market. I administer the ether throughout the entire period of anesthesia by means of this inhaler by a method I shall describe later. To me it certainly seems a relic of barbarism to see a patient anesthetized by a straight ether anesthesia. The coughing, holding of breath, swallowing, and later the stage of preliminary excitement, are entirely absent when one uses the gas-ether sequence.

I wonder why this method is not more universally adopted when

I recall to memory the difficulties I used to experience before using laughing gas as a preliminary, when often a patient would engage in a wrestling bout with an orderly or nurse, necessitating the use of straps to hold him to the stretcher.

Oftentimes one meets with cases where ether is contraindicated, and yet a complete relaxation essential for the success of the operation. To such cases a combination of nitrous oxide, ether and oxygen can be given with excellent results. My gas inhaler is so arranged (Fig. II) that I can attach it to a Clover ether inhaler and then give a few inhalations of ether whenever there is evidence of muscular rigidity. By this method a dram or so of ether may be used every 15 or 20 minutes, and I take it that there is no individual to whom this small amount of ether, administered at varying intervals, will do harm either during the operation or later. Fig. II shows this apparatus in use, demonstrating how the nitrous oxide gas or oxygen may be passed through the chamber containing the ether at the will of the anesthetist. In fact, I think it best to use such a mixture in all operations upon the stomach and bowels where a minimum amount of post-operative nausea is to be desired. I have used this method for all kinds of cases and all kinds of operations, and feel that it is about as safe a combination as can be possibly used. Such a mixture is much easier to give than pure nitrous oxide and oxygen, and I have never seen any untoward effects, even in the most desperate cases.

I do not suppose that there are any two anesthetists who give ether in the same way. Some swear by the open drop method as perfected by Alice McGaw, while others, and especially is this true of the English anesthetists, prefer the closed method. During the past seven years I have tried both methods and neither has proved entirely satisfactory. My objections to the open drop method are: First, the enormous waste of ether; secondly, the inability of the anesthetist to know just how much ether his patient is getting; thirdly, the impossibility of controlling the air supply, and fourthly, the most important, the fact that the patient inhales the ether vapor volatilized in a thin gauze frame and thoroughly chilled. This, to my mind, is a most important objection to the open drop method, as the cold ether vapor excites and stimulates the mucous membrane of the buccal cavity and trachea and causes an excessive secretion of saliva and mucus, and thus predisposes the patient to a post-operative inspiratory pneumonia or bronchitis. The closed method admits of so much to and fro rebreathing as to cause a saturation of the patient's blood with carbonic acid, thereby depressing the circulatory system and also having a very irritating action upon the kidneys.

After watching the work of others I determined that the old vapor method, as originally devised by Junker and modified by Braun of Leipzig and Gwathmey of New York, was the most satisfactory method of maintaining ether narcosis. This method consists of passing a current of air through a chamber containing a uniform amount of ether and allowing the vapor thus formed to be inhaled by the patient. One must be able to increase or decrease the strength of the anesthetic vapor in perfectly definite propor-

tions by regulating the amount of air and the pressure at which it is driven through the ether. It is also highly important to have the apparatus so constructed that the supply of air can be increased or decreased without at the same time changing the strength of the ether vapor. The apparatus that I use (Fig. III) was originally recommended to me by Dr. Kellogg of the Battle Creek Sanitarium, and is made by the Globe Company of that place. At first sight it might appear so complicated and cumbersome as to hardly warrant your attention, but its manipulation is really simplicity itself, and it has given me most excellent results. In order to over-

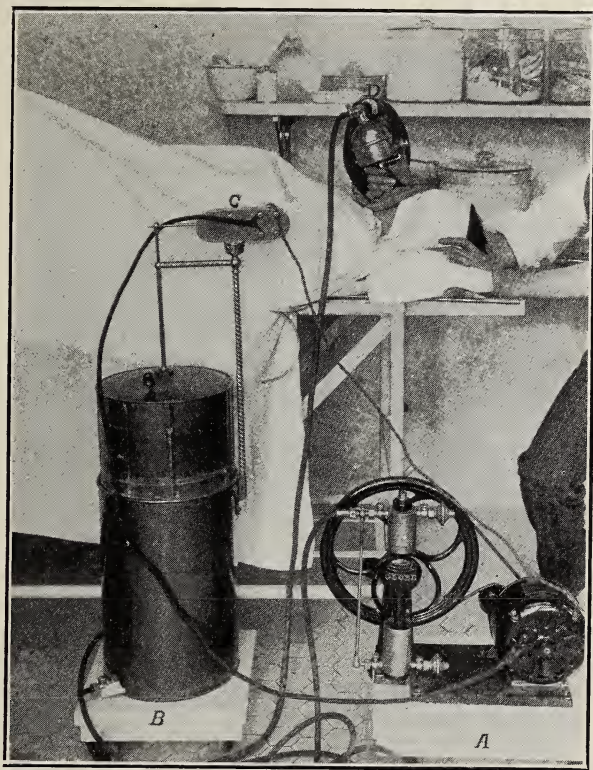


FIG. III.

come the irksome duty of using a hand bellows, such as is advised by Gwathmey and Junker, I have made use of a very small electric motor, which runs an air pump (Fig. III, A). This pump in a few seconds will fill the tank (B), from which the air is carried to the inhaler (D), and when this tank is full of air the automatic switch (C) breaks the electric current and the motor and pump stop, and when the tank is nearly empty the current is again automatically made and the motor starts to work. The air tank is an ordinary air-water gasometer and does not need further description. Before using the outer shell of the tank is filled with very hot water and the stored air becomes heated to about body temperature

before passing through the long rubber tube, seen in the figure to the inhaler. To use the apparatus all one must do is to turn on the stopcock to the left of the letter D and to allow the heated air to pass through the ether chamber of the inhaler. By this method warmed ether vapor of varying intensity can be given as circumstances require. The anesthetist has the strength of his anesthetic vapor absolutely under his control, knows just what his patient is getting at each inspiration, and is able to regulate the strength of the ether or supply of air at will.

It is truly remarkable what an infinitely small amount of ether will keep a patient under when a uniform amount is given at each inspiration.

The advantages of this method are: First, a more even anesthesia, with a minimum risk to the patient, as we know approximately the strength of the vapor inhaled at each inspiration; secondly, the ether vapor, being warmed, little or no mucus forms in the mouth or throat, and the patient does not swallow or inspire a lot of ether-saturated saliva or mucus, thereby decreasing to a minimum the amount of post-operative vomiting and reducing the risk of post-operative pneumonia; thirdly, the warmed ether vapor is taken up by the blood almost immediately, and therefore the effect of the anesthetic is more rapid (when cold ether vapor is taken into the lungs, as administered by the drop method, a large amount remains in the reserve air of the lungs to be warmed over before it is capable of being absorbed in the blood, and such an amount of unabsorbed ether vapor being suddenly taken up by the circulation is a menace to the life of the patient); fourthly, the saving of ether is tremendous when given by this vapor method, as I find that I need from one-quarter to one-half the amount of ether used in the drop method. This item is of some consequence in a large surgical clinic, and even in the small private hospital in which I use my apparatus I have saved enough on my ether bill in the first year to pay the entire cost of the outfit. To my mind the greatest advantage of all is the marked lessening of all unpleasant after-effects of ether when this form of administration is used. The fact that the patient gets so little ether makes recovery from the anesthetic quicker and freer from disagreeable and distressing sequelae.

The pump and motor are usually placed in an adjoining room, but the air tank is kept as close to the operating table as possible, so that the warmed air may not become chilled during its passage to the inhaler.

Before closing I want to add just one word about the use of oxygen with ether in certain conditions. In cases of shock, collapse and air hunger from sudden hemorrhage, myocarditis, emphysema and anemia with hemoglobin below 40 per cent., and in many other cases, the ideal method is to pass warm oxygen through the ether chamber instead of air. This can usually be accomplished by disconnecting the air tank and connecting the inhaler with an ordinary Underwood oxygen tank. The experiments of Gwathmey and others demonstrate that oxygen greatly enhances the

safety of ether, and this has also been my experience. Next to the nitrous oxide ether and oxygen is the safest anesthetic known. This combination also seems to be perfectly free from any disagreeable after-effects, the patient recovering more rapidly and with less discomfort than when straight ether has been administered. Most anesthetists do not have to care for their patients during convalescence; many never see them again, and they, therefore, have no means of determining the comparative values of the different anesthetics and the different ways of administration. I have had the care of all of my cases and have thus had an excellent opportunity of making such a comparative study.

My conclusions I have briefly set forth in this paper, which I trust has proved interesting to those of you who are engaged in this branch of practice.

THE BACTERIOLOGICAL EXAMINATION OF MILK.*

By Wm. Royal Stokes, M.D.,
Baltimore

IN describing the bacteriological examination of milk I shall first briefly review the work of other investigators and then describe the results of the routine examinations in our own bacteriological laboratory. It should be borne in mind that the methods in vogue are often quite different in the various laboratories, but a very important step has been recently taken by the bacteriological section of the American Public Health Association. At the recent meeting at Atlantic City the special Committee on Standard Methods for the Bacteriological Examination of Milk made a report, which recommended certain methods for universal use. These methods with slight modifications will probably be adopted next year, and the result from various laboratories will be more uniform in future.

TUBERCULOSIS.

One of the most important methods for the detection of a serious contamination of milk is the search for the bacillus of tuberculosis. Passing over the earlier microscopical examinations we can still find a large number of instances in which the tubercle bacillus has been recovered from market milk by animal inoculation.

Bang, Ernst, Hirschberger, Klein and Boyce found tubercle bacilli in from 6 per cent. to 50 per cent. of the samples examined, and Kanthack and Sladen obtained this organism in the milk from 9 out of 16 dairies examined at Cambridge. At Islington 14 per cent. of 118 samples of milk were found tuberculous, at Hackney 22 per cent. contained tubercle bacilli, and at Croydon, England, 6 per cent. of 164 milks gave a similar result. In 1897 Obermüller

*From the Bacteriological Laboratory of the State Board of Health and the Sub-Department of Health, Baltimore Md

found tubercle bacilli in 48 per cent. of the market milk examined in Berlin, and Martin found 33 per cent. of the milk in Paris to contain these bacteria.¹

Butter has not escaped this serious arraignment, for Swithenbank and Newman also publish a table of 498 examinations of butter from Berlin, Munich, Budapest and Philadelphia, in which tubercle bacilli were found in 15 per cent. of the specimens.

In our own laboratory we have made about 200 microscopic examinations of milk and have only detected suspicious bacilli in two instances. I do not think that these examinations are of any value, and recently we have started to inoculate guinea-pigs with the sediment from 500 cc. of milk. The work has been interrupted, and up to the present time we have only injected 26 intraperitoneally and 12 subcutaneously. Several died of acute colon or streptococcus infections, but all of the rest lived two months, and were then killed. None of these animals showed any signs of tuberculosis. The work will be continued this winter, and later we hope to report on a much larger number of cases.

Although the prevalence of tuberculosis in cattle is not a direct part of the bacteriological examination of milk, yet I shall mention it in this connection, since I believe it often introduces the bacilli into the milk. Such milk must not infrequently produce tuberculosis in human beings, since it is now well established that bovine tubercle bacilli can produce tuberculosis in man.

The late Professor MacFadjean believed that about 2 per cent. of the milking cows in England have tuberculosis of the udder, and such animals must often infect milk with the tubercle bacilli. The Live Stock Sanitary Board of Pennsylvania examined 44,801 cattle and found 12 per cent. tuberculous.

Professor Russell² of the University of Wisconsin has carried on a series of interesting investigations concerning the presence of tuberculosis among cattle fed on refuse skimmed milk, and he believes that tuberculosis must exist to a marked extent in a milk herd before it can seriously infect skimmed milk. In several of the creamery districts he found explosive outbreaks of tuberculosis in cattle, which he traced to feeding with skimmed milk. In a creamery district whose herds were largely fed on non-Pasteurized skimmed milk 1213 animals were tested, and 374, or 34 per cent., were found tuberculous, while in 1467 cattle in a district where skimmed milk was not used for feeding only 8 per cent. were tuberculous cases.

STREPTOCOCCI AND LEUCOCYTES IN MILK.

The presence of leucocytes and streptococci in milk has excited considerable interest since 1897, when my friend, the late Dr. Clement,³ called my attention to an epidemic of purulent inflammation of the milk canal which had affected about 80 milch cows, comprising an entire herd near Baltimore. We found large numbers of leucocytes and streptococci in the purulent milk from practically all of the cows, and Dr. Clement proposed to me an examination of other individual cows for the presence of pus. Dr. Wegefarth⁴

and myself examined the milk from three sets of cows, each containing 100 animals in the herd, and found that the sediment from 10 cc. when spread over a glass slide contained quantities of pus cells varying from none to an average of 158 pus cells in each field of the oil immersion lens.

Since that time our crude method has been improved by various investigators, and Dr. Slack⁵ of Boston now uses a method which enables him to accurately measure the pus cells and the streptococci in samples of mixed milk from many cows. He centrifugalizes 2 cc. of milk in small tubes and spreads the sediment over an area on a glass slide equal to four square centimeters. If more than 50 polymorphonuclear leucocytes (pus cells) are present in the average of 10 oil immersion fields, the milk is considered to be infected with pus. The danger of drinking such milk is increased if the sediment also contains streptococci. When these elements are present in excessive numbers he and others have been able at times to trace out cases of garget, or purulent inflammation affecting individual cows in the herd. It should be borne in mind, however, that perfectly healthy cows secrete at times large numbers of leucocytes, and that the streptococcus is often a normal inhabitant of the milk canal of the cattle, and is frequently found in milk from healthy cows.

When the milk from individual cows is found to contain excessive numbers of pus cells and streptococci, these animals should be regarded as dangerous milch cattle until a veterinarian has proven that they are not suffering from purulent inflammation of the milk duct and glands.

Doane and Buckley⁶ of the Maryland Agricultural College have devised a more accurate method of estimating the leucocytes present in milk by means of the Thoma-Zeiss blood counter, and I believe that this method should be used in determining the fitness of cattle for producing milk for human consumption.

They centrifugalize 10 cc. of milk for four minutes in a graduated tube, remove the cream with a cotton swab, and then syphon off the supernatant fluid, leaving about one-eighth of an inch of fluid above the sediment. Two drops of a saturated alcoholic solution of methylene blue is added to stain the leucocytes, and the cells per cubic centimeter are estimated as are leucocytes in a Thoma-Zeiss counter. If 50 cells are counted in the entire ruled field, there are 50 cells in .1 cubic millimeter, therefore, and 500,000 in a cc. Since the sediment was from 10 cc., the count would be 50,000 leucocytes per cc. When the leucocytes in 1 cc. of milk are over 500,000, the cow should be carefully examined, and if garget is present the animal should be excluded from the milk herd.

Since 1897 at the Health Department we have examined the milk from 85 individual cows, and have found that 10 contained excessive numbers of pus cells and streptococci. All of these animals have been examined by inspectors and were found to have clinical signs of inflammation of the udder. These animals were condemned and excluded from the herd.

NUMERICAL ESTIMATION OF BACTERIA AND DETECTION OF THE COLON BACILLUS.

The number of bacteria in 1 cc. of milk has long been accepted as a general indication of the cleanliness of milk. When milk is obtained under ideal conditions the number of bacteria present in the gelatin plate should be under 10,000. On the other hand, when this fluid is collected in dirty stables, handled with soiled hands, placed in unclean receptacles, diluted with polluted water, shipped in warm cars traveling great distances, and exposed for sale amidst filthy surroundings, the bacteria may reach as high a count as 100,000,000 bacteria to the cubic centimeter.

Hewlitt and Barton⁷ found the colon bacillus in 46 per cent. of London milk samples in quantities not exceeding 1 cc., and the total number of organisms varied from 20,000 to 8,000,000 per cc. In one out of 26 specimens they detected the tubercle bacillus by animal inoculation, and the offending animal was later identified on the farm and condemned.

In Park's⁸ investigations of the New York milk supply we find an average of 5,000,000 bacteria per cc. at the railroad stations, increasing to 15,000,000 bacteria in the poorer shops and stores. Many other experiments might be mentioned showing the influence of temperature and time in producing a marked increase in the number of bacteria present in milk.

The presence of the colon bacillus in milk has also been regarded as an indication of contamination by stable dust and dirty cows. In the year 1900 this intestinal bacillus was found in 24 per cent. of the samples of milk collected in Liverpool, and D. B. Jackson of Brooklyn, at the recent meeting of the American Public Health Association, reported the presence of the colon bacillus in quantities so small as one-tenth of a cubic centimeter.

BACTERIOLOGICAL EXAMINATION OF BALTIMORE MILK.

During the year of 1906 we made 685 bacteriological examinations of milk, including the numerical estimation of bacteria per cc. and the presence of the colon bacillus in 1-1000 of a cubic centimeter.

One hundred samples contained from 10,000 to 50,000 bacterial colonies, 58 contained from 50,000 to 100,000 bacteria, 124 contained from 100,000 to 500,000 colonies, 60 contained 500,000 to 1,000,000 bacteria, 244 contained from 1,000,000 to 10,000,000, 89 contained from 10,000,000 to 50,000,000, and 10 contained 50,000,000 or over. One specimen contained 60,000,000, one 62,000,000 and one 73,000,000 bacteria per cc.

In the specimens of milk containing 1,000,000 bacteria per cc. or under the colon bacillus was found 103 times and not found 244 times in 1-1000 of a cubic centimeter. It was found in these cases in 29 per cent. and was absent in 69 per cent. In the specimens containing 1,000,000 bacteria or over the colon bacillus was 245 times and was absent only 93 times. It was present in 72 per cent. of the cases and absent in only 28 per cent. This shows that the

colon bacillus is more apt to be present in milk with a high bacterial count. In specimens of milk containing 500,000 bacteria or under the colon was found 73 times and was not found 163 times. It was present, therefore, in 30 per cent. of cases and absent in 70 per cent. In the specimens ranging between 500,000-1,000,000 per cc. it was present in 40 instances and absent in 24. It was present in 66 per cent. of cases and absent in 34 per cent., thus reversing the relation of percentages in the milk under 500,000 bacteria per cc. In milk with 50,000 or under the colon bacillus was only found 21 times and was absent 82 times. It was present in 20 per cent and absent in 80 per cent. of the cases.

The best certified milk is supposed to run 10,000 bacteria per cc. or under, and the colon bacillus in such milk was only found five times and was absent 27 times. It was present in 15 per cent. and absent in 85 per cent. of the cases. It can thus be seen how the milks containing fever bacteria also contain the colon bacillus less frequently.

The total number of bacteria present in the various milks during the different months was also estimated. The average for each month was then obtained, and with one exception it was found that the highest bacterial counts occur in the late summer and the early fall. The following table will show the averages for each month and the corresponding infant mortality from intestinal diseases:

TABLE No. 2.

Showing average bacteria per month in milk and the monthly infant mortality from intestinal diseases in children of two years or under.

Month.	Average Bacteria.	Deaths from Intestinal Diseases.
January.....	6,280,000	5
February.....	3,600,000	6
March.....	1,170,000	4
April.....	2,800,000	2
May.....	3,400,000	14
June.....	.....	70
July.....	5,000,000	269
August.....	5,500,000	121
September.....	14,500,000	77
October.....	7,000,000	37
November.....	4,800,000	11
December.....	3,800,000	7

This table does not show any correspondence between the high bacterial count and the number of deaths in infants from intestinal diseases, and it would seem that this is due to the combination of hot weather, with increased intestinal irritation caused by drinking milk containing very large numbers of bacteria. September and

October show the highest bacterial count, but the deaths are not as many as in July and August.

From January 1, 1907, until October 31 705 examinations of milk have been made for the detection of the colon bacillus in one-thousandth of a cubic centimeter. It is interesting to note the difference between the winter and the summer months. From January 1 to May 31 we made 605 examinations and the colon bacillus was present 115 times and absent 490 times, or present only in 17 per cent. of the cases. From June 1 until October 31 100 examinations were made, and the colon bacillus was present in 75 per cent. of the cases. The difference between 17 per cent. in winter and 75 per cent. in summer is striking.

Although many outbreaks of typhoid fever, scarlet fever and diphtheria have been traced to milk, yet the diphtheria bacillus has only been isolated from milk in rare instances, and the typhoid bacillus has been found once.

Marshall⁹ of London mentions several isolated instances of the detection of the diphtheria bacillus in milk by Klein and others, and then describes an outbreak of diphtheria in which the patients were supplied with milk from a certain dairy. He isolated the diphtheria bacillus from this milk and found that it was very virulent for animals, but that he could prevent death by previous injections of antitoxin.

Konradi¹⁰ isolated the typhoid bacillus from two out of thirty-three samples of milk in an outbreak of typhoid fever. It was later found that the dairyman had a light case of typhoid fever, while still handling the milk.

It will be seen, therefore, that the bacteriological examination of milk is mainly useful in studying the general condition of a milk supply, and that we must depend upon careful inspection and well-administered laws to prevent the numerous milk-borne diseases.

I should add that much of the routine work which I have described has been performed by Drs. T. M. Wright and H. W. Stoner of the department.

BIBLIOGRAPHY.

- ¹Bacteriology of Milk, Swithenbank and Newman, 1903.
- ²Reports of the American Public Health Association, Vol. XXXII, 1906, p. 139.
- ³MARYLAND MEDICAL JOURNAL, January 9, 1897.
- ⁴Medical News, 1897, Vol. 71, p. 45.
- ⁵Journal of Infectious Diseases, 1906, Sup. 2, p. 214.
- ⁶Bulletin No. 102, Maryland Agricultural Station, 1905.
- ⁷Journal of Hygiene, Vol. VII, 1907, p. 22.
- ⁸Journal of Hygiene, July, 1901, p. 393.
- ⁹Journal of Hygiene, Vol. VII, 1907, p. 32.
- ¹⁰Centralbl. f. Bak., I Abt., Vol. 40, 1905, p. 31.



PROCEEDINGS OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

\$50,000

TO BE RAISED BY APRIL 30, 1908

"Watch It Grow"

	1st Wk.	2d Wk.	3d Wk.	4th Wk.	Totals
Theatre Benefit.					\$553.75
April					
March.....	\$395				
February	\$236	\$444	\$310	\$100	\$1,090.00
January.....	\$100	\$270	\$615	\$1,515	\$2,500.00
December.....	\$105	\$145	\$175	\$165	\$590.00
November ...	\$451	\$1,001	\$300	\$265	\$2,023.00
October	\$480	\$195	\$280	\$245	\$1,200.00
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Aaron Friedenwald Fund					\$1,346.87
Osler Fund.....					\$19,140.00
Value of Present Realty					\$15,000.00

PAID SUBSCRIPTIONS TO THE NEW BUILD- ING FUND FROM FEBRUARY 10, 1908, TO MARCH 10, 1908.

Dr. D. R. Hooker.....	\$250 00
Mrs. Katherine B. Garrett.....	250 00
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Mrs. Henry Barton Jacobs.....	\$2000 00
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Drs. H. O. and J. A. Reik.....	50 00
Dr. W. S. Gardner.....	25 00

COUNTY MEDICAL SOCIETY MEETINGS.

THE Allegany County Medical Society has issued the following program of post-graduate work :

March 4th, at 8 P. M.

1. Differential diagnosis of malignant and benign tumors.—
Dr. Broadrup.
2. Papilloma, adenoma.—Dr. Fochtman.
3. Dermoids, cysts.—Dr. Hodges.
4. Cancer of the uterus.—Dr. Hodgson.

March 11th, at 8 P. M.

5. Anatomy of the cranium.—Dr. Jones.
6. Anatomy of the brain.—Dr. Claybrook.

March 18th, at 8 P. M.

7. Physiology of the brain.—Dr. Wilson.
8. Cerebral localization.—Dr. Fechtig.
9. Fractures of vault of cranium.—Dr. Twigg.

March 25th, at 2 P. M.

10. Fractures of base of cranium.—Dr. Wailes.
11. Differential diagnosis of concussion and compression of
brain.—Dr. Griffith.

DR. GEO. L. BROADRUP, President.

DR. WM. R. FOARD, Secretary.

THE Dorchester County Medical Society held a special meeting at Cambridge on March 3. Dr. J. M. H. Knox of Baltimore gave a talk on the "History of Medical Epidemics," and there were several interesting papers by members of the Society. Those present signed a resolution approving the bill presented to the Legislature for the Faculty, which asks for an appropriation for the new Medical Library and Public Health Institution. The question of fees and collections was taken up, and a committee was appointed to report at the semi-annual meeting.

THE Prince George's County Medical Society held a meeting on March 14, at which the members heartily endorsed a resolution approving the bill presented to the Legislature for the Faculty, and have sent the same to each of their representatives in the General Assembly. At this meeting Dr. Clayton of Washington, D. C., read a paper on Pneumonia and Dr. A. P. Herring of Baltimore presented to the Society the question of the Faculty's Public Health Institution and Medical Library. The meeting was largely attended, and the members showed their deep interest in this matter by adopting the resolution referred to above.

PAPERS READ AT THE SEMI-ANNUAL MEETING, SEPTEMBER 11-14, 1907.

ACUTE PYELITIS DUE TO ACUTE APPENDICITIS.

(An Abstract.)

By Guy L. Hunner, M.D.

[Continued from March Number].

October 15, operation.—Appendectomy, removal of right tubal pregnancy. On examining the patient under ether the uterus and left ovary were found to be normal. On the right side a small soft mass about the size of a normal ovary was found adherent to the pelvic wall far back and high up. An incision was made through the right rectus muscle. On opening the peritoneal cavity a small quantity of free blood was found. Reaching down to the right ovarian region two small round bodies were felt, one of which was adherent to the pelvic wall over the site of the ureter in its course downward from the pelvic brim. This was easily detached and brought into the wound with the other round body, the ovary. The small round soft body before felt with the vaginal palpating finger was found to be a small unruptured tubal pregnancy mass in the isthmus of the tube. This had become attached by its upper aspect to the posterior pelvic wall probably just over the ureter.

The cecum with the appendix was found lying over the pelvic brim. The appendix was long, its proximal 5 c.m. being large and containing a large fecal mold. Its next 3 c.m. was undergoing obliteration and was firmly bound by dense adhesions to the fatty mesappendix, and so the bowels. Its distal 2 c.m. was still more contracted and turned back on the main appendix looking red and congested.

The last two cases to be described have not come to operation but I do not hesitate to class them in the series under discussion.

On December 9, 1906, Dr. E. R. Strobel asked me to see Miss L., aged nineteen years. She had just returned from a northern trip and on my visit the patient was objecting to a further confinement in bed as she was feeling perfectly well except for a slight soreness and a "drawn feeling" in the lower right side. On examination the lower pole of the right kidney could just be palpated and it was not tender. There was some tenderness over the cecum in the lateral region just above the ilium. There was more tenderness near the sacral promontory about where the ureter crosses the pelvic brim. Palpation here elicited the "drawn feeling," which the patient said was the only remnant of her attack. A voided specimen of urine taken at this visit and centrifugalized showed epithelial cells and leucocytes in moderate numbers. There were no red blood corpuscles, no casts, and no albumen. The patient has not had a return of her trouble, and I would not think of reporting the case in this connection if it were not for the letter which she brought from Dr. Samuel E. Maynard of Burlington,

Vermont, and which he has kindly given me permission to publish in full. "Miss L. came under my care at the Mary Fletcher Hospital about one week ago suffering with severe pain in the right side. This pain had begun two days before this, starting in the region of the appendix. It gradually followed up the course of the ureter and was most pronounced in the region of the right kidney when I first saw her. The symptoms were those of the passage of a renal calculus. The only thing that troubled me was slight tenderness at the base of the appendix which led me to fear at first a possible post-caecal abscess. There was, however, no pain on use of the psoas muscle. As the case went on the kidney trouble became more apparent. Three percent of albumen was present on Dec. 2nd. There was none on the first. There were blood, pus, hyaline and granular casts with considerable free blood and pus, a few calcium oxalate crystals, but nothing else of any importance. There was a slight leucocytosis, there being 14,800 on Dec. 3rd. On this date the albumen was down to one percent, all of the points better; Dec. 4th, just a trace of albumen, and Dec. 5th, albumen absent and the urine practically clear except for a few granular casts. Leucocytosis is now 13,000. There has been very slight rise of temperature throughout the entire case. The soreness over the base of the appendix has continued, the whole side feeling slightly tender. My idea would be, if she intended to remain here, to use the X Ray, taking a photograph and endeavoring to determine whether there is any stone in the kidney. I should also feel that a careful observation, particularly with reference to her general condition and appendix, would be in order. I have written you thus fully about her condition as she desires to return before completely recovered."

The fourth case cannot strictly be classified as one of pyelitis, but I am reporting her with this series because of the fact that when I first saw her in my dispensary clinic in April, 1907, her complaints were chiefly of the urinary system and the urine contained a microscopic quantity of blood. She complained of frequency of micturition and of throbbing backache. These symptoms had been present at times for several years, but had been especially severe for the previous two weeks. She said that six months previously she had passed bloody urine for ten days. On examination the right kidney was just palpable and slightly tender. The right ureter could not be outlined through the vagina. In the appendix region there was an indefinitely outlined tender mass and on pushing this toward the left the backache of which the patient complained could be imitated.

A catheterized specimen of urine showed blood, epithelial cells, and a few leucocytes. A wax-tipped bougie passed to the right kidney returned without scratch marks, and a culture taken on agar-agar directly from the kidney was negative. She told me of having been in the hospital several times, and on looking up her hospital records I was surprised to find that she could have been subjected to the many examinations and no less than three operations without having had her appendix examined and removed. At her first hospital visit in September, 1901, the patient was

thirty-four years of age, had been married sixteen years and had eight children. She had had two miscarriages, the last of which occurred at the beginning of her present illness. In October, 1900, the patient had a fall and jammed her elbow against her right side. Soon severe pain set in and nine days later she miscarried. During the intervening year she had had repeated attacks of pain in the lower right quadrant of the abdomen accompanied by back-ache. On palpation there was muscle resistance and an indefinite mass cylindrical in shape in the appendix region. The patient was of a nervous temperament and gave an unsatisfactory history and it was concluded that her pelvic condition was at fault. A cervical amputation and a repair of the outlet were down. During convalescence the patient complained of a great deal of pain in the right flank and in the femoral and thigh regions. Phlebitis was suspected but no swelling of the leg took place. The temperature did not become normal until the fourteenth day having ranged from 99° to 100.8° F.

The next admission was one year later and the patient had been suffering in the meantime with almost constant pain in the lower right quadrant with frequent exacerbations of a more marked degree. On this visit the uterus was suspended and adhesions about the right tube and ovary were broken up. No mention was made of examination of the appendix. The patient had been in the hospital on three subsequent occasions, each time with similar complaints, and the last time, in March, 1905, curettage was done for hemorrhage which had begun four weeks previously with an attack of pelvic peritonitis occurring during the regular menstrual period.

Summary. These four cases are valuable in that they represent a group picture of a condition with which I am certain the profession at large is not familiar. From the fact that four cases should come under observation within three years I feel that the condition cannot be extremely rare.

The importance of early recognition of the true nature of these cases is obvious. A pyelitis, or kidney condition *per se*, is rarely of immediate danger, while the overlooking of an acute fulminating appendicitis because of dependence on the urinary examination might cost the patient his life.

OPERATIVE TREATMENT OF CANCER OF THE STOMACH, WITH REPORT OF SIX PARTIAL GASTRECTOMIES.

By Joseph H. Branham, M.D.

Case 1.—J. R., white male, aged 20, was operated on October 12th, 1899. The growth, which was firm, but not very hard, was situated at the junction of the pylorus and duodenum. It was about two inches long and one inch broad, and occupied the anterior and inferior aspects of the pylorus encroaching on the duodenum, and extending around about two-thirds of the circumference of the gut. The pylorus and the adjacent part of the

duodenum were excised and an end to end anastomosis was made by means of a Murphy button. The patient made rather a slow recovery. The button was passed on the seventeenth day. He was still alive and well when last heard from a few months ago. A microscopic examination made by Drs. McNeer and Keirle resulted in the diagnosis of carcinoma of the pylorus. Later the slides were reviewed by Prof. Welch of Johns Hopkins University whose diagnosis was: Malignant adenoma of the pylorus originating from misplaced pancreatic tissue. As far as I am able to learn this is the only case of the kind reported. The following is Dr. Welch's report in full.

EXAMINATION OF NEW GROWTH IN THE WALLS OF THE PYLORUS.

The microscopical section submitted for examination shows the coats of the stomach. In the submucous coat is a granular mass presenting the structural features of the pancreas with certain deviations from the normal type. There are spherical and oval acini lined or filled with cubical or cylindrical, granular epithelial cells, these acini corresponding in shape and general appearance to those of the pancreas, and unlike any cancerous or adenomatous growth originating from the gastric tubules. These tubules are not in connection with this submucous growth.

The granular mass consisting originally of the misplaced pancreatic tissue is the starting point of a true tumor formation characterized by irregular alveoli usually lined but sometimes filled with epithelial cells of the same general type as those of the acini corresponding to the pancreatic tissue, but more polymorphous in character. These alveoli branch and anastomose and vary in size and shape. They are present not only in the submucous coat but have grown downward into the main muscular coat, which is extensively invaded, especially along the connective tissue septa and between the two muscular coats. There is also some growth upwards invading the mucosa.

Diagnosis:—Malignant adenoma of the pylorus originating in misplaced pancreatic tissue. (Signed.)

W. H. WELCH.

(Copy.)

Case 2.—G. M., male, age 62, operated October 19, 1904. I saw this patient about three months before the operation, at which time I was strongly inclined to do an exploratory laparotomy. A careful examination of his gastric contents and function by competent stomach specialists failed to show any indications of cancer and the operation was unfortunately postponed. The patient went to the country for several weeks and when he returned a large mass could be distinctly felt in the epigastrium. He was operated on as soon as possible, and a cancerous growth was found occupying the pylorus and the adjacent part of the stomach. A partial gastrectomy was done and the stomach and duodenum were brought together by a Murphy button, the stomach wound having been partly closed. The duodenum was very immovable and there was considerable difficulty in bringing the parts together. This patient died from peritonitis thirty-six hours after the operation.

Case 3.—M. K., white, female, age 21. This patient came under my care in July, 1905, suffering from pains in her stomach after eating, progressive emaciation, occasional vomiting and fixed tenderness over her stomach. As medical means failed to give her relief an exploration was advised. The operation was done September 11, 1905. There was general infiltration of the pylorus and upper part of the duodenum encroaching on the pancreas. The growth was as large as a hen's egg and was a typical carcinoma. A pylorectomy with end to end anastomosis by means of a Murphy button resulted in rapid recovery. At this time the patient shows no symptoms of recurrence.

Case 4.—G., white, male, age 60, operated October 18, 1905. The patient suffered from gastric symptoms for four years and had been treated by various specialists. I saw him in October, 1905, and could make out a distinct tumor in the epigastrium. A large indurated mass involved the anterior and lower part of the stomach from about the middle. This was excised with the adjacent tissue for about an inch. The glands along the lesser curvature were all removed. The growth on microscopic examination was found to be a cancer engrafted on an old ulcer. The patient did well for five days but on the sixth he was seized with terrific pain in the region of his stomach, and he died in collapse in a few hours. No autopsy could be obtained but the symptoms indicated perforation probably at the line of suture.

Case 5.—E. G., white, male, age 50, was operated December 6, 1906. This patient had been suffering for several months with gastric symptoms. Examination of the stomach contents showed slight diminution of the hydrochloric acid, decreased mobility and slow digestion. The patient had vomited no blood but suffered greatly after eating, having marked pain over his stomach. As ordinary treatment failed to relieve these symptoms an exploratory laparotomy was advised. The operation showed a round indurated mass occupying the upper anterior part of the stomach and somewhat nearer the pylorus than the oesophagus. It was excised with the adjacent portion of the stomach wall. Along the lesser curvature of the stomach and extending from the stomach to the liver in the gastro-hepatic omentum a chain of indurated lymphatics was found. This together with the neighboring omentum was removed. The patient made an uneventful recovery except that he had a fistulous tract in the situation from which the drain was removed. This closed in two months. At the present time he is in normal health, his weight being the same as before he suffered from gastric symptoms. A physical examination fails to show any abnormal condition in the region of his stomach.

Case 6.—Mrs. W., white, age 47, was operated August 3, 1907. A large tumor could be plainly felt. The case was referred to me by Dr. C. U. Smith with the diagnosis of advanced carcinoma of the stomach. On opening the abdomen a large growth was found occupying the distal half of the stomach to within about one inch of the pylorus. As this was freely movable and the glands were only slightly involved it was thought possible to make a successful excision. On attempting this the infiltration was found to be

more extensive than was expected. The operation was a tedious one taking about three hours. There were no accidents during the operation except that the tied off gastric vein was perforated by a needle and bled freely but was quickly secured. The loss of blood during the operation was not great. The patient did well until the stomach was divided when the anaesthetizer noticed sudden weakening of her pulse. The operation was completed by a gastro-duodenostomy as recommended by Kocher. The patient's pulse remained bad and her lungs became rapidly congested after the operation and she died ten hours later of shock and ether congestion. No autopsy could be obtained.

I have done two gastro-jejunostomies (posterior) for inoperable gastric cancer. One case lived about six months and was made more comfortable by the operation. The other is still living eighteen months after operation. He has gained nearly fifteen pounds in weight and is said to be contemplating divorce and remarriage.

These cases present some interesting points for study. The immediate mortality in partial gastrectomies is high. Case "2" should have been subjected to gastro-jejunostomy and not to excision. The growth was too large and the patient's vitality too low for radical operation. Reliance on laboratory methods of diagnosis hastened his death, as when the operation was first suggested he was strong and the growth was small and could in all probability have been removed successfully. The same may be said of case "4," who had been repeatedly examined by several specialists, and the diagnosis was not made until the growth was large enough to be distinctly felt. At this time the disease was so far advanced that it was necessary to excise nearly half of his stomach and his vitality was so low that the proper union failed to occur. Case "6" would not allow any examination until the tumor had reached an advanced stage. The cause of death in this case is hard to explain. Several operators have noticed tremendous shock on dividing the stomach. In this case the shock was so sudden and corresponded so accurately with the division of her stomach across the middle that it undoubtedly was instrumental in causing her death. The rapid congestion of her lungs points to ether as a possible factor.

These cases demonstrate the possibility of cure in cancer of the stomach, one now well nine years after operation, one well two years after and one well eight months after. The first can be classed among the permanent cures, the second is almost ready for the same classification while the third is too early for final prognosis.

The most forceful lesson we learn from these cases is that the present methods of diagnosis in cancer of the stomach are inadequate and often are worse than useless as they cause delay. The symptoms relied on come so late that in most cases they appear after the patient's condition is entirely hopeless. Another thing that causes delay is the improvement of these patients under proper diet and stomach lavage. Under such methods, fatal false hope is aroused and real treatment is postponed until no relief can be had.

The only way that this can be avoided is by means of exploratory incision which should always be advised when there is strong suspicion of cancer. This operation is without danger.

The cases in which the cancer is situated exactly at the pylorus naturally show marked symptoms at an early stage and are the ones in which an operation is likely to be done at a time when permanent cure can be hoped for. This is well demonstrated by the first two successful cases reported. Advanced cases should be submitted to gastroenterostomy instead of excision. In cases "2" and "6" of the series this method would probably have resulted in prolonging the life of the patients, while excision, had it been successful could have done no more.

Method of operation.—In small cancers situated exactly at the pylorus and when the duodenum is movable, the Murphy button can be used but in no other cases is it advisable. Complete excision of the affected part followed by closure of the stomach and duodenum and a posterior gastrojejunostomy is in my opinion the proper method in all other cases.

PSYCHOTHERAPY IN THE TREATMENT OF THE FUNCTIONAL NEUROSES.

By Arthur P. Herring, M.D.

"Nervousness is a disease preeminently psychical and a psychical disease needs psychical treatment." Mental therapeutics have been practised from the earliest ages by physicians, at times for the patients benefit and nearly as often for their detriment. Every physician employs "unconscious therapeutics" in his daily practice and it is only because so many reputable practitioners neglect the importance of "unconscious therapeutics" that it has not been generally used. We have been taught for so many years to deal with the physical that we look askance when anything pertaining to the psychic is mentioned. Psychotherapy is a valuable therapeutic adjunct when used intelligently and by conscientious physicians, on the other hand it is one that readily lends itself to charlatanism and quackery in the hands of the unscrupulous doctor and the gullible patient. The success and rapid growth, especially in this country, of the various faith cures, christian scientists, magnetic healers, etc., is due to the mental impression these people are able to make upon the American public. That they cure a great many of the functional neuroses most of us must admit, especially when we experience patients leaving us and going over to the various faddists, after we have exhausted our stock of drugs without any beneficial effect. The time has come when we must seize upon truth wher'er 'tis found, on foe or friendly ground and use every available means to relieve the misery and suffering of the nervous patients.

It is unfortunate that the subject of psychotherapy is so frequently neglected in the medical curriculum and I fear that students often go out from our schools with the idea that anything psychic is shrouded in mysticism and often charlatanism. That

suggestion often powerfully affects the progress of a case for good or for ill every experienced practitioner will admit. It is a helpful adjunct in the treatment of functional neuroses and even in incurable cases it often aids in keeping the patient comfortable. There are I fear, very few physicians in this country who rely entirely upon psychotherapy in treating the nervous patient. We have not the temerity of our French confreres, Dubois, Dejerine and others, who isolate their patients and depend entirely upon suggestion or persuasion to cure them. Weir Mitchell over 30 years ago blazed the way for our methods in psychotherapy in his "Fat and Blood and How to Make Them." This little book has probably done more to relieve the sufferings of neurotic women than any other writing on the subject. This work was taken up enthusiastically by W. S. Playfair in England and resulted in curing a great many nervous cases. In France, Charcot and his followers made use of hypnotism in treating cases of hysteria. Liebeault and the "Nancy school" practised suggestion in the waking state. Both methods, however, have the objection of substituting the will of another person instead of reinforcing and strengthening the patients own intelligent will and self-reliance.

Professor Dejerine now in control of the Salpêtrière, dispenses with massage and electricity, employs rest in bed, over feeding when indicated and relies principally upon rigid isolation and persuasion. He explains the abnormal symptoms and appeals to the patients higher reasoning faculties. When this treatment is effective and it very often is, it has the effect of giving the patients a healthy view-point of their condition and results in self-reliance and self-control which they did not have before. The recent writings of Janet, Loewenfeld and Dubois has awakened a new interest in the subject of psychotherapy. Dubois "The Psychic Treatment of Nervous Disorders" has had an extensive circulation in this country and served to place psychotherapy on a scientific basis. Taking the subject up as he does from a psychological standpoint he shows clearly the mental processes at work in the neurotic individual and gives very definite directions with illustrative cases, how to overcome and correct the mental and moral orthopedia. The literature dealing with the psychic factor in disease has been increasing in this country as will be appreciated by glancing over the files of the current journals for the past five years.

In the practice of psychotherapy the personality of the physician probably plays a more important role than in any other department of medicine.

Barker remarks in his recent article on "Psychotherapy and Re-education" that "The psychotherapist should be an honest man and an expert clinician. He should recognize the horrible reality of the misery of the psychoneurotic. He may be more successful in understanding and treating his patients if he has had himself, at least some little experience with the fatigues and fears of neurasthenia, provided he has made a good recovery. He must be interested in functional disturbances and not simply in anatomical lesions, and he must understand that hysteria and psychasthenia

are as much diseases as are pneumonia or gonorrhoea, and often incapacitate the sufferer for a much longer period of time. He should be skilled in all the modern refinements of diagnosis, and should exhaust them in the study of his case before beginning his therapy." In addition to the foregoing the physician to treat successfully the neurotic patient must possess the attributes, patience, sympathy and tact. It is only those who know the tortures undergone by functional nerve sufferers, the neurotic derelicts of both friends and physicians, and who appreciate their suffering, that can possibly put up with the trying nature of the patient and their multitudinous and often incurable ailments. The lack of these virtues among doctors fills the various health resorts at home and abroad with patients sent there because the physician could not stand the strain at home and realizing his inability to help them takes this as an easy way out. Tact is the unconscious mental touch, the *tactus eruditus*, by which one mind feels another and can convey to it, physically or psychically, skill, decision and sympathy. Psychic tact, if I may use the term, is the *sine qua non* to success in treating the neurotic patient.

The foundation for most of the functional neuroses has been begun by a "nervous shock" and upon this has been reared a superstructure of varied emotional symptoms. In order to successfully raze this neurotic temple it is essential first of all to get at the under lying cause, remove this if possible and the subsequent treatment will be comparatively easy. It is necessary to obtain the patients full and complete avowal and to investigate the condition of the mental back ground and determine the mobility or immobility of their ideas; in doing so the three cardinal virtues, patience, sympathy and tact are to be used.

Sir Dyce Duckworth has said, "Confidence may be gained and is always strengthened by a close and careful attention to the minutest details of the case before us.

All hesitation and appearance of uncertainty is to be strenuously avoided. A medical man who cannot keenly regard his patient, eye to eye with firmness and directness is hardly likely to succeed. Dogmatism founded on sound principles is as good for patients and their friends as it is for students in the lecture room. We must be definite and we must be lucid."

After a thorough physical and mental examination of a patient the physician assures himself that the case is entirely functional, he can then institute rational psychotherapy and use as adjuncts the necessary physiologic means to bring about a cure. Using either persuasion or suggestion or both, because it is a difficult matter to separate the two, he will state plainly the facts of the case to the patient. Telling them what caused the trouble and explaining how the different symptoms may be produced. The part the mind plays in originating and fostering the various fears and distressing symptoms. The fact that these symptoms can be relieved and cured with their co-operation and how this is to be brought about, are impressed upon them repeatedly. Patients of average intelligence will listen to the explanation with considerable interest and in the majority of cases enter into hearty co-operation with the doctor to bring about a speedy recovery. It is

surprising to see (unless one has had the experience) how readily the average patient accepts the statement of the doctor and believes that they will get well, even after months of suffering. After once carefully listening to a recital of the patients symptoms and explaining each one, it is much better at subsequent visits, when possible, not to again refer or allow the patient to refer to them. Keep the one idea always in view that the symptoms will disappear and they will get entirely well. As Preston aptly expresses it in his book on "Hysteria and Certain Allied Conditions," "All treatment, whether it be drug or hygienic measure, should be made impressive—should be tipped, as it were, with suggestion." When the case requires treatment other than that which is purely psychic we do not hesitate to use dietetics, electrotherapy, hydrotherapy, pharmacotherapy, or any physiologic means to bring about a recovery. Psychotherapy should not tend to make us therapeutic nihilists.

Systematic treatment should be elastic and differently adapted to meet the needs of different temperaments and circumstances in patients. No two of whom are ever quite alike. What we want to secure is a central will reassured, instructed, strengthened and set free from worrying trammels, to play its proper part as director-general of the personality. To assure the cure of the sick it is not enough to correct their logical defects, one must also teach them a philosophic conception of life, in the stoical sense, so that they can adapt it to their case.

By physical methods we may give them a physiological basis of personality, by psychical means we teach them to educate and assimilate their conscious material and maintain a condition of adaptive stability in relation to their environment.

The ambulatory neurotic is rather difficult to handle. It is far preferable when possible to remove the patient from sympathising friends and relatives and place them in a hospital or sanitarium. Here the patient is under close surveillance and the many necessary details can be successfully enforced. They are free from the various annoyances associated with their home or business environment and realize that the one object in view is to get well, hence the mind is more receptive to psychotherapeutic influences and recovery is often materially hastened.

So much for the immediate care of the nervous patient. Of equal importance is the after care of the psychasthenic or neurasthenic. It is often impossible for the average patient to remain in the hospital until complete recovery ensues, with such patients it is advisable to keep in touch for a while until the last vestige of the neurosis disappears. This can be satisfactorily carried out by means of psychotherapeutic letters, (Oppenheim.) In addition to keeping in touch with the patient and trying as far as possible to remove all exciting influences that would tend to cause a recurrence of the malady it has been our custom especially with the poorer class of patients to have the district nurse of the Charity Organization visit these patients in their home and advise them how to live and manage their affairs with the least amount of friction or worry. It is manifestly useless to place a patient in the hospital for six or eight weeks, cure them of neurasthenia and

then send them back again amid the same uncongenial surroundings and expect a continuance of the good accomplished during their stay in the hospital. Cabot "Methods at Massachusetts General Hospital."

I am not ignorant of the fact that a great many of our so-called cures often times relapse and drift about from one physician to another, while we congratulate ourselves that we have made a successful cure.

"The nervous patient is on the path to recovery as soon as he has the conviction that he is going to be cured; he is cured on the day when he believes himself to be cured." Dubois.

Rational psychotherapy requires time to effect a complete transforination of a mind that has been beset with doubts and fears for months. If we persist in our efforts to re-educate the neurotic sufferers we can at least hope for a permanent result.

SHOULD PRISONERS DEFICIENT EITHER MENTALLY OR PHYSICALLY BE TRIED IN OUR COURTS OF JUSTICE?

By Theodore Cooke, Jr., M.D.

In presenting this paper I want to bring to your attention the fact that the State is not throwing proper safeguards around the defectives who commit criminal acts, and, if it meets with your approval, to suggest a remedy to correct the same. The time allotted to me is too short to place this question properly before you. I shall only endeavor to emphasize the salient points, consider a few specially marked cases that have come under my observation and propose a remedy for the condition to which I shall have endeavored to have drawn your attention.

To thoroughly understand this question it is necessary that we know what has been done for this class of prisoners by our law makers during the past twenty years. In 1890 a law was passed authorizing the Lunacy Commission to remove the criminal insane to an Insane Asylum from any penal institute of the State. This was a splendid law, as before this the violent insane were locked up until their time expired, when they were either released or transferred to an asylum on the certificate of two physicians. The Legislature of 1892 authorized the Court to commit the young to proper reformatories.

The Legislature of 1894 passed a law allowing the Court to parole first offenders after their conviction. The Legislature of 1902 created the Juvenile Court, whose powers were further extended by the Legislature of 1904. The following Legislature (1906) removed the minimum sentence in all cases, thereby giving the Court great latitude in sentencing a convicted criminal, the supposition being that extenuating circumstances, as age, deficient mental development, &c., would be taken into consideration by the Court when sentence was passed.

The indefinite sentence is under consideration by a commission, authorized by the last Legislature.

The result of these laws has not helped the class it was intended

to reach, as seen by the character of prisoners who have entered the Maryland Penitentiary since their enactment. Prior to that time we received, beside the mentally deficient prisoner, the shrewd criminal. Subsequently we find that the mentally deficient prisoner is getting the maximum sentence, except in very marked cases, while the cold, calculating criminal is being paroled and is receiving the benefits of the removal of the minimum sentence. You would ask, "Why is this?" The answer is that the majority of the mentally deficient prisoners are not able to present the extenuating circumstances before the Court or State's Attorney, who are not physicians and consequently are hardly expected to note these deficiencies unless they are very marked. Therefore when they come up for sentence they receive the maximum sentence stoically and serve their time. To my mind the same objection would apply to the indefinite sentence. The mentally deficient prisoner would serve the full sentence, while the actual criminal would be released in a very short time, due to good behavior, and to getting in the good graces of the prison officials. The law under these circumstances is worse than when all were treated alike. The Maryland Penitentiary, today, is being filled with broken down imbecile prisoners, while the actual criminals are getting the benefits of the laws intended for the mentally deficient class.

These deficient prisoners I would group in three classes, *viz.*: (1) Those not mentally responsible and not capable of making a proper defense, due to youth; (2) those not mentally responsible and not capable of making a proper defense, due to physical infirmities; (3) those not mentally responsible and not capable of making a proper defense, due to insanity.

The first group, the youthful degenerate, is a large class. Examining the report of the Maryland Penitentiary for 1906 we find on page 35 that out of the 940 convicts in that institution on the 30th day of November, 1906, there were 35 white and 108 colored prisoners between the ages of 12 and 20, when convicted, a total of 143, or $15\frac{2}{3}\%$ of the whole prison population. Comparing this percentage with the percentage of previous years (1905, $14\frac{1}{4}\%$; 1904, $15\frac{1}{10}\%$; 1903, 15% ; 1902, $12\frac{3}{4}\%$; 1901, $14\frac{1}{2}\%$; 1900, $14\frac{2}{3}\%$) we find that in spite of the laws mentioned before, the percentage of this class of prisoners is greater in 1906 in the Maryland Penitentiary than they have been since 1900. This class usually has very slight conception of the enormity of the offence and the disgrace of the punishment. Take for example, the four youthful murderers of Dr. Hill, who had been sentenced to be hung with four older men. On account of the youth of the prisoners, whose ages ranged from 12 to 16, the younger boys' sentences were commuted to life imprisonment. They had been spirited away from the county by the Sheriff at night, lest they be lynched. The next morning (Jan. 11, 1893), while being examined and vaccinated, they were playing marbles, jumping over the benches, &c., absolutely not affected by the events that had crowded on them in the previous twenty-four hours. Other examples are:

No. 1, a negro boy, 12 yrs. of age, imprisoned Oct. 10, '03, from

Baltimore City, for murdering an old woman for a few cents. Sentence 15 yrs. Examination revealed the development of a child, both physically and mentally.

No. 2, a negro girl, 14 yrs. of age, imprisoned Nov. 3, '05, from Anne Arundel Co., for attempt to poison family. Sentence 3 yrs. When received wore short dresses. Development mentally, imbecile; physically, normal.

No. 3, a negro girl, 13 yrs. of age, imprisoned Feb. 27, '06, from Frederick Co., for burglary. Sentence 4 yrs. Examination revealed the development of a child both mentally and physically. Had not menstruated. Had Hutchinson teeth and cervical glandular enlargements. Imbecility due to hereditary syphilis.

No. 4, a mulatto boy, 15 yrs. of age, imprisoned Dec. 16, '03, from Somerset Co., for arson. Sentence 7 yrs.

No. 5, a negro boy, 15 yrs. of age, imprisoned April 6, '06, from Howard Co., for breaking into store and larceny. Sentence 5 yrs.

No. 6, a negro boy, 15 yrs. of age, imprisoned March 5, '06, from Prince George Co., for burglary. Sentence 2 yrs.

No. 7, a negro girl, 15 yrs. of age, imprisoned June 28, '07, from Baltimore City, for arson. Sentence 1 yr.

No. 8, a negro boy, 15 yrs. of age, imprisoned Jan. 14, '07, from Baltimore City, for robbery. Sentence 3 yrs.

No. 9, a negro boy, 15 yrs. of age, imprisoned Dec. 12, '06, from Talbot Co., for larceny. Sentence 1½ yrs.

No. 10, a negro boy, 15 yrs. of age, imprisoned Nov. 12, '06, from Worcester Co., for larceny. Sentence 1½ yrs.

No. 11, a negro girl, 14 yrs. of age, imprisoned Oct. 1, '06, from Cecil Co., for arson. Sentence 5 yrs.

This class should be placed by themselves in a special institution and trained to be useful citizens.

The second group comprises those whose mental condition is impaired, secondary to a diseased condition of the organs of the body. Examples:

No. 12, a mulatto, 32 yrs. of age, imprisoned Feb. 12, '03, from Baltimore City, for larceny. Sentence 1 yr. Examination on entrance revealed a large cavity in right apex, another cavity in left lung, temperature 103, respiration 40, pulse 120. Was sent to hospital from examination room. Sputum revealed tubercle bacilli and much fibrin. Remained in hospital till death March 3, '03.

No. 13, a negro, 25 yrs. of age, imprisoned Oct. 24, '05, from Baltimore Co., for larceny. Sentence 2 yrs. Examination on entrance revealed a cavity in left apex, temperature 101, respiration 35, pulse 116. Sent to hospital from examination room. Sputum revealed tubercle bacilli. Remained in hospital till death Feb. 20, '06.

No. 14, a negro, 43 yrs. of age, imprisoned Dec. 4, '06, from Baltimore City, for assault to murder. Sentence 3 yrs. Examination shows infantile paralysis on right side and loss of left eye. Forehead square and low, jaws square and rotated sidewise, voice husky, teeth irregular and tusks prominent, slobbered at mouth. Marked moral degenerate, intensified by whiskey and inherited syphilis.

No. 15, a white man, 45 yrs. of age, imprisoned Dec. 7, '06,

from Baltimore City, for false pretenses. Sentence 2 yrs. Examination showed locomotor ataxia. A beginning paresis is apparent in this case.

No. 16, a mulatto woman, 33 yrs. of age, imprisoned Jan. 24, '06, from Baltimore City, for larceny. Sentence 2 yrs. Examination showed enlarged tubercular cervical glands, ovaries removed and a fistulous tract from the intestines through the abdominal wall, four inches above the pubes.

No. 17, a negro, 20 yrs. of age, imprisoned '02 from Worcester Co., for larceny. Sentence 1 yr. Examination showed a fistulous opening from the intestine through the right lumbar abdominal wall, superior to the crest of the ileum. Appendix had been operated on and later this tract had developed. Several years duration. All fecal matter passed through this fistula and in a disgusting condition when received. Was operated on and tract closed.

This class should be sent to hospitals and healed before they are tried for the offence.

The third group comprises those whose mental condition is impaired, a condition we know as insanity. Examples:

No. 18, a negro, 35 yrs. of age, imprisoned May 3, '03, from Somerset Co., for larceny. Sentence $1\frac{1}{2}$ years. When Sheriff brought him in the institution he wore a base-ball mask on his face and muffers on his hands to protect his conductors from injury, as he tore and bit at them otherwise. He foamed at the mouth, grabbed at his food and barked like a dog, had a low receding forehead and square jaws. Was sent to Maryland Hospital for Insane, May 27, '03. Diagnosis, imbecility *cum* excitement.

No. 19, a white man, 21 yrs. of age, imprisoned Sept. 18, '03, from Baltimore City, for larceny. Sentence 3 yrs. He had a constant grin, prominent chin, overdeveloped genitalia. Threatened to destroy himself, cried for his parents and begged to go home. Before he had been with us a month, tried to jump out of a high window. Cut off a finger, swallowed various articles (nails, tacks, glass, wood, &c.,) as reported by Dr. Owensby last October before this Association. When term expired, his father was sent for and advised to put him in an insane asylum. At present at Bay View. Diagnosis, imbecility *cum* excitement.

No. 20, a white man, about 30 yrs. of age, imprisoned July 3, '03, from Worcester Co., for murder. Sentence life. He had been sentenced to be hung but the Governor had commuted his sentence to life imprisonment. When examined he had no conception of the fact that he just escaped the gallows. Was anxious to go to the farm and work. Laughed and cried on the least irritation, wanted to see his relatives, imagined that he was at a hospital. After several days of confinement he was assigned to polishing marble, and so vigorously did he rub the slab in one place that he bored a hole clear through. The jaws are square, the chin protruding, the forehead low. Diagnosis, catatonic form of dementia precox of several years duration.

No. 21, a white man, 21 years of age, imprisoned Sept. 21, '03, from Baltimore City, for larceny. Sentence 2 yrs. When examined he was stupid in appearance, slow of expression, and on left side, 7 cm. anterior to lambdoid and 2 cm. superior to inion, ex-

tending forward to the region of the fissure of Rolando, a depression of the bone (2 cm. x 7 cm.) was revealed. Inquiry revealed the fact that he had been kicked in the head by a mule when 14 yrs. of age. Before he had been a good boy, but after had been erratic, vicious and bad. His people were advised that an operation would probably relieve the condition, but would not consent while in the institution, though promised later on. Diagnosis, organic insanity.

No. 22, a negro woman, 22 yrs. of age, imprisoned Dec. 19, '04, from Charles Co., for killing a baby with carbolic acid. Sentence life. She had been sentenced to be hung, but the Governor had commuted her sentence to life imprisonment. On examination she was sullen, apathetic, refused to talk, imagined somebody was going to do her harm. Slight build, small face, menstruated regularly. Diagnosis, catatonic form of dementia precox.

No. 23, a negro woman, 23 yrs. of age, imprisoned Oct. 17, '04, from Talbot Co., for choking a child to death. Sentence life. She had been sentenced to hang, but the Governor had commuted her sentence to life imprisonment. On examination she talked about the murder as if inspired by God. Receding forehead, voluble talker, impulsive, slight build, piercing eyes. Was subject to constant hallucinations. Was fond of whiskey and said used it. Diagnosis, dementia precox plus chronic alcoholism.

No. 24, a negro, 22 yrs. of age, imprisoned April 4, '01, from Baltimore City, for attempt to rape. Sentence 10 years. When received he had a stolid expression, squeaky voice, low forehead, was impulsive, required constant watching to prevent him from interfering with discipline of shop. A cold day he got on the roof and took off his clothes and threatened to jump off, took the pistol out of an officer's pocket and shot at him twice, striking a prisoner. Was removed to the Maryland Hospital for Insane, August, 1907. Diagnosis, dementia precox.

No. 25, a white boy, 16 years of age, imprisoned March 30, '03, from Garrett Co., for assault to rape. Sentence 10 yrs. On examination he was impulsive, apathetic, showed negativism, tendency to stoop, his eyes constantly drooped, complexion sallow, his speech monosyllabic, head well developed, genitalia poorly developed, a constant masturbator. Diagnosis, dementia precox.

No. 26, a negro, 19 yrs. of age, imprisoned May 6, '07, from Dorchester Co., for assault to rape. Sentence 2 yrs. On examination he presented all the marked symptoms of inherited syphilis. Hutchison's teeth, disk face, husky voice, low and square forehead, large lips, prominent chin. Had no conception of decency or cleanliness. Was impulsive, talkative and showed negativism. Diagnosis, dementia precox.

No. 27, a white man, 26 yrs. of age, imprisoned Feb. 5, '04, from Baltimore Co., for sodomy. Sentence 5 yrs. On examination negativism was very marked. There was a silly smirk on his face, was subject to epileptic attacks. Had a mitral regurgitation. Subject to periods of depression and sulks, at times maniacal excitement, which usually ended in an epileptic attack. Was impulsive. Diagnosis, epileptic mania.

This class do not realize they have committed a crime. They

serve their time, if they do not become so violent that we are compelled to send them to a hospital for the insane, and are set free, a constant menace to the community. Would it not be fairer to the prisoner and safer to the community if these mental defects were sifted out and sent to an Insane Asylum?

I have selected the above cases from the many that are in the Maryland Penitentiary to show you the character of the prisoners that are every now and then sent to the Graduated Criminal Institution of the State. Today there are over 40 prisoners in the Maryland Penitentiary who should be in an Insane Asylum. At any time they are liable to break down, endangering the lives of the other prisoners and officers.

What is to be done? A Criminal Insane Hospital should be built in the State of Maryland for the criminal insane and the insane that are criminally inclined. It is hardly right that the insane should be brought in contact with the criminal insane as occurs now. The possibilities of escape are greater in an Insane Asylum than in a penal institution. Consequently very few are sent to the Insane Asylums, but are given the best attention possible in our institution.

There should likewise be an institution where the youthful degenerates could be taken care of, separate from the older malefactors, whom they try to ape. Here the authorities should study each case individually, separate them in classes according to their deficiencies and peculiarities, each class being kept to itself, and thus endeavor to make them useful citizens.

Realizing the impossibility of Judge, State's Attorney or jury recognizing these defectives in court, often difficult for the trained alienists, and with a desire to do justice to these unfortunates, I would suggest that a law be prepared and presented to our Legislature that before a prisoner be tried for a serious offence, that his mental and physical condition be examined into by a committee consisting of the jail physician, prosecuting attorney of the county where he is to be tried, and an alienist appointed by the Governor on the recommendation of this Association, at a stipulated salary and required to visit each county at stated intervals. This committee would be required to pass on the fitness of the prisoner to stand trial and receive sentence and to see that any infirmities be properly attended to; the youthful degenerate being given special attention, the sick healed and the insane sent to a proper institution to remain there until properly discharged by this committee. This committee should have full power to summon witnesses, the same as a court of law, to investigate the prisoner's condition. The findings of this committee should be filed with the other court records before trial. Under these circumstances the committee would determine the mental responsibility of the prisoner, taking one of the burdens off the Judge's, State's Attorney's and jury's hands. There would be no question as to the findings of such a body especially when all political factors are removed by the appointment of an alienist by this Association, who would influence the other members of the committee. Before the man is tried he will have been declared sane or insane by an expert. The alienist's salary would be saved many times by the State, by the removal of the uncertainty that hangs around so many trials.

Society Reports.

BALTIMORE CITY MEDICAL SOCIETY.

SECTION ON CLINICAL MEDICINE AND SURGERY.

MEETING HELD FRIDAY, JANUARY 3, 1908.

I. *Serous Meningitis*—Dr. John S. Fischer.

Serous meningitis or wet brain is a rare result of chronic alcoholism. Alcoholism causes arteriosclerosis, digestive disturbances and often cirrhosis of the liver. Its effect on the nervous system may lead to delirium tremens and insanity. Serous meningitis is a serous transudate from the ependyma, with distention of the ventricles. It is not generally recognized. Except for its minor aspects, it is like a purulent or tuberculous meningitis. The case reported was that of a male, aged 39, by occupation a banker. The family history is negative. Past history: The patient had the usual child's diseases. He did not work hard and was a popular clubman. He drank both wine and whiskey, about 4 to 20 drinks a day, though he was but rarely acutely intoxicated. He had never had delirium tremens, lues nor tripper. The onset of the disease was on May 19. For a few months previously patient had had headache, which he attributed to exposure. He found that small amounts of liquor affected him, and he repeated stories and had some ideas of grandeur. On May 19, after a debauch, he complained of severe headache, allayed only by morphia. There was mild delirium in the evening; later, persistent vomiting of projectile type set in, lasting five days and accompanied by headache; later he became drowsy and comatose, with short lucid intervals. The coma deepened and lasted two days, until on June 5 he died of edema of the lungs. There was no paralysis or convulsions. During the last week the arm, leg and neck were rigid. Kernig's sign was absent. The urine and feces were passed involuntarily. Eyes and blood, as well as urine, were negative on examination. Lumbar puncture resulted in obtaining a sterile fluid, quite normal and under no pressure. The leucocytes were 12,000. The pulse was regular and up to 90 later. At latter end the temperature rose to 103.4° and the respiration went from 14 to 30. No Cheyne-Stokes respiration. There was no post-mortem. The treatment was morphia, liquid diet, ice cap, iodides and ergot. Salt solution was infused and inunctions of mercury were given. He was seen by Drs. Osler, Thayer, Reik and Fischer and the diagnosis concurred in by them.

The literature on this subject is scanty. Quincke and Charles Dana of New York were the first to call attention to it. The condition can be produced by long use of narcotics, starvation and trauma. It has occurred with rheumatism and orchitis, probably due to toxins.

The pathology is obscure. It is comparable to cerebral edema, and the arachnoid is found to be pale, and fluid is found in the subarachnoid space and ventricles. There is hemorrhagic extravasation. Microscopically, there is no true inflammation. The cells are found degenerated, the brain tissue watery and there are changes both in the nucleus and body of the cell. The disease is, therefore, a toxemia due to alcoholic poisons or poisons due to inanition or paralysis of the digestive system and its functions.

As for symptomatology: The patients are usually male, and in its inception resembles delirium tremens. The patient may be rational and irritable or dull and irrational. Headache, vomiting, twitching and fixation are often seen. The eye shows nothing. Kernig's sign may or may not be present. The tongue is coated and there is constipation. As for the temperature, there is little fever, 99° to 102° , with a terminal rise. The pulse is slow at first, later getting rapid. The prognosis is only fair. In 108 cases, 37 recovered—a mortality of 65.7 per cent.—at Bellevue Hospital (Dr. Lambert). With coma and rigidity of the neck the prognosis is bad. The whole picture resembles purulent or tuberculous meningitis, though the history may give a clue. The treatment includes liberal feeding, prohibition of alcohol, strychnia, gr. 1-30 to 1-60, with ergot, m. 30, every two hours; morphia and ice cap for the headache. Lumbar puncture should be done for relief of pressure and for diagnosis.

II. *The Practical Value of Demonstrating Spirocheta Pallida as an Aid in the Early Diagnosis of Syphilis*—Dr. J. T. Geraghty.

In the dispensary of the Johns Hopkins Hospital all doubtful venereal sores are examined, and on a positive finding of the spirocheta pallida syphilitic treatment is at once instituted. In this way many doubtful cases have early been started on treatment. Almost three years ago Schaudinn and Hoffman announced the finding of the organism in primary and secondary lesions. They also described a second non-pathogenic spirocheta, sometimes closely resembling the pallida. This they called the spirocheta refringens. It is of frequent occurrence in superficial ulcerations, and, on account of its close resemblance, may be confused with the spirocheta pallida. Much work has been done along the lines of Schaudinn and Hoffman, and their work has been almost unanimously confirmed. Although the spirocheta pallida has not been definitely grown on artificial media, yet the evidence that it is the etiological factor in syphilis has so accumulated that it is generally accepted by competent judges.

The evidence is (1) the presence of spirocheta pallida and absence of other organisms in the still-born dead of hereditary lues; (2) the correspondence of the number of spirocheta pallida with the extent of the lesion; (3) the almost constant finding of the spirocheta pallida in the primary lesion in man and monkeys; (4) the spirocheta pallida has never been found except in syphilis; (5) the pallida has been found in the most distant countries; (6) in the most contagious lesions the pallida are the most numerous; (7) they are found in all stages of the disease; (8) mercury, the only drug that can cure syphilis, causes the organisms to disappear rapidly.

It is often impossible clinically to tell a chancroid from a chancre. The time element is of little value. The chancre may be little more than a tiny abrasion, lasting only a few days. Clinical chancroids often develop secondary lesions, thus proving they were really chancres. Hitherto the development of secondary lesions had to be awaited before treatment could be started. Those cases in which early diagnosis was made and treatment started generally ran a milder course, and, Fournier says, are less liable to tertiary accidents. In 150 cases of venereal sores examined in the Genito-Urinary clinic (Johns Hopkins), 30 were syphilitic, as shown by secondaries, and of these 30, in 27 the spirocheta pallida was demonstrated in smears.

from the primary lesions. Treatment was not started in the cases until definite secondary lesions appeared. Spirochetæ were found in several sores not at all suggesting chancre, but subsequently found to be syphilitic.

The technique employed is as follows: Clean the sore thoroughly with soap and water, and then rub the surface of the ulcer with a piece of gauze until small bleeding points appear; then express this blood from the sore between thumb and forefinger until an almost clear serum exudes. Make a smear of this serum on a slide by wiping it across the sore. Good smears are absolutely essential in the search for the spirocheta pallida. The thorough cleaning of the sore is to eliminate as far as possible contamination with the refringens. The pallida, a true parasite, is most likely to be found in the serum in the tissues. The smears should be fixed in absolute alcohol for 20 minutes and then stained in Giemsa's stain (1 part stain to 8 of aq. dist.) under a bell jar for 12 to 18 hours. After staining, wash slide in running water and examine. The pallida is distinguished from the refringens, as it is extremely slender, of uniform caliber, except the ends, which taper to an almost invisible point. The spirals vary in number from 4 to 30, and are only half the length of the spirals of the refringens. The refringens is much thicker. A spiral over 2 microns in length is never seen in the pallida. The spirals are regular and angular compared with the refringens. The spirals in the refringens are more wavelike, not so numerous nor so uniform as in the pallida. With Giemsa's stain the pallida takes a faint pinkish color, while the refringens stains blue. After one becomes familiar with the morphology it is not difficult to differentiate. The fact that the morphology of the pallida is characteristic and that they can be demonstrated with ease in most primary sores has been of much practical value.

III. *The Treatment of General Suppurative Peritonitis*—Dr. R. W. Johnson.

The peritoneum, if spread out, covers a greater area than the skin and can absorb much more than the skin, as it can take up an amount equal to the body weight in 24 hours. It is like the pleura or the sheath of a tendon. There is only one break in its wall, viz., the Fallopian tube. The function of a serous membrane is to minimize friction; so, for example, the kidney has little and the more movable organs have a great deal. The parietal peritoneum is less easily infected than the visceral. It is infected by the perforation and wounds of the small intestine, the stomach, other viscera, by the entrance of bacteria direct and from a strangulated gut, and, lastly, from the Fallopian tube. The character of infection is important. We must have bacteria, and the infection will vary with the character of the organism. For a clear account of the symptoms see "Modern Surgery," Dr. J. C. DaCosta.

As for treatment, the disease is a surgical disease and should be treated by a skilled surgeon, except in case of a mild infection. Peristalsis should be stimulated to avoid adhesions. The first step is prophylaxis and later rest and opium (Nothnagel's system). The surgical treatment, however, is better. The ancients did not touch the peritoneum except for tapping and hernias. Colles said give calomel and opium and don't despair. Bleeding is inadvisable. A. Clark of New York uses the opium treatment. In one case he gave 160 grs. the first day, 407 the second, 236 the third, and so on

in proportion. In a week over 1000 grs. were given. Tait said keep the bowels active to hasten evacuation of toxins. He gave salts every hour and turpentine enemata. This is barbarous except for prophylaxis. The later surgical treatment was to open the peritoneum, wash it out and break adhesions, etc. This gave unsatisfactory results. In 1900 Fowler of Brooklyn brought gravity to his aid and sat the patient up so the fluids would gravitate to the pelvis, where the peritoneum is not so vulnerable. The former death-rate of 70 to 80 per cent. is now down to 10 per cent. The speaker here read a quotation from the "Annals of Surgery," by LeConte, on treatment. Murphy reports 1 death in 33 cases treated as above, and the speaker has also gotten excellent results by the postural treatment with cases under his care.

DISCUSSION.

Dr. Randolph Winslow: Hitherto the treatment has been unsatisfactory and with a high death-rate. New methods have turned the feeling of uncertainty to one of relief. Seventy-five per cent. of bad cases of peritonitis are now recoverable. Large tubes of glass are recommended by Dr. Mayo. Dr. Winslow thinks large tubes are dangerous, owing to risk of hernia. Probably smaller tubes are more desirable. Several smaller tubes can be used for large areas. Lateral fenestrae should not be used. Gauze wicks are good, wrapped with rubber. Intestinal obstruction is always a menace in peritonitis. Patients often get well of peritonitis and die of intestinal obstruction. This is perhaps due to being too long in the Fowler position.

Dr. Johnson: A drainage tube that has proved satisfactory is one wrapped in rubber with gauze within. Probably 48 hours in the Fowler position is about right.

IV.—*Esophagoscopy and Tracheo-Bronchoscopy* — Dr. Richard H. Johnston.

Killian of Freiburg in 1897 removed a foreign body, by a straight tube, from the air passages through the mouth. Dr. Chevalier Jackson has devised tubes for esophagoscopy and tracheo-bronchoscopy, and has done much for diagnosis in this region. Jackson's tubes are smaller than Killian's and have an accessory tube for the electric lamp. The tube for adults is 15 mm. by 15 cm. The larynx can be inspected directly by these instruments, as well as the upper part of the esophagus. Separate instruments are used for the trachea and bronchi. Tracheoscopes are used in the wound after tracheotomy. They are perhaps best used in high tracheotomy, especially in children. The adult esophagoscope is 33 cm. long and 15 mm. wide, with an accessory drainage tube. There is no opening in the end, since the mucous membranes might obscure vision. The speaker gave a history of the treatment of neoplasm, causing a stricture of the esophagus, by double olive bougies used through the esophagoscope. Later in simple stricture the patient could himself use the bougie. In this way gastrotomy was avoided.

To use the bronchoscope first cocaine with 4 per cent. solution; then use the separable speculum with a spatula end and cocaine as we go down, and so the whole larynx is seen directly. The bronchoscope can be passed through the speculum and both lights can be kept burning.

The speaker demonstrated the above instruments.

DISCUSSION.

Dr. John Winslow: The discovery that straight tubes and lights can be passed into the bronchi or esophagus marks an era. Certainty is now made possible, especially with foreign bodies that can now be removed through the mouth without resorting to tracheotomy. Even if tracheotomy is done, we can remove the object directly, and not trust to nature or to coughing. The great future of this work lies in diagnosis and treatment of pathological conditions. The technique and use of instruments is probably fairly easy, but to recognize the pathological condition is hard, as the field and number of cases is limited.

Book Reviews.

THE PATHOLOGY OF THE EYE. By J. Herbert Parsons, B.S., D.Sc. (Lond.), F.R.C.S. (Eng.); Assistant Ophthalmic Surgeon, University College Hospital; Assistant Surgeon, Royal London (Moorfields) Ophthalmic Hospital; Ophthalmic Surgeon, Hospital for Sick Children, Great Ormond street. Volume II, Part 2, and Volume III, Part 1. New York: G. P. Putnam's Sons; London, England: Hodder & Stoughton..

In reviewing the first volume of this excellent work several years ago the writer not only expressed his pleasure in reading it and his satisfaction with the general arrangement and plans, but prophesied a hearty welcome for the additional volumes expected. The same good things might be said of these volumes. The same high standard has been maintained both by the author and the publishers. The first books gave a thorough consideration to histology and the latest goes into the general pathology of the various structures of the eye.

It would be useless to attempt a detailed review of the work; the books must be read to be appreciated. Together they form a storehouse of knowledge on the histology and pathology of eye diseases. The specialist even will probably not read them as he would a new textbook, but will hold them in reserve as a ready reference whenever he requires special or complete information about any particular ocular condition. H. O. R.

BOOKS RECEIVED.

Receipt is acknowledged of the following books:

SUGGESTIVE THERAPEUTICS, APPLIED HYPNOTISM, PSYCHIC SCIENCE. By Henry S. Munro, M.D. St. Louis: C. V. Mosby Medical Book & Publishing Co. 1907.

THE REDUCTION OF CANCER. By the Hon. Rollo Russell. New York: Longmans, Green & Co. 1907.

IMMUNE SERA. By Charles Frederick Bolduan, M.D. New York: John Wiley & Sons. 1907. Price, \$1.50 net.

TEXTBOOK OF ORGANIC CHEMISTRY FOR MEDICAL STUDENTS. By C. V. Bunge, M.D. New York: Longmans, Green & Co.

- A TEXTBOOK OF MINOR SURGERY. By Edward Milton Foote, A.M., M.D. New York: D. Appleton & Co. 1908.
- INTERNATIONAL CLINICS. By W. T. Longcope, M.D. Volume IV, seventeenth series. Philadelphia: J. B. Lippincott Company. 1907.
- ABDOMINAL HERNIA: ITS DIAGNOSIS AND TREATMENT. By W. B. DeGarmo, M.D. Philadelphia: J. B. Lippincott Company.
- METABOLISM AND PRACTICAL MEDICINE. By Carl Von Noorden. Volume III. W. T. Keener & Co. 1907. Price, \$6 net.
- THE COMMONER DISEASES OF THE EYE. By Casey A. Wood, M.D., C.M., D.C.L. Third edition. W. T. Keener & Co. 1907. Price, \$2.50 net.
- KIRKE'S HANDBOOK OF PHYSIOLOGY. By Charles Wilson Green, A.M., Ph.D. William Wood & Co. 1907.
- DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM. By Archibald Church, M.D. New York: D. Appleton & Co. 1908.
- COSMETIC SURGERY. By Charles C. Miller, M.D. Chicago: Published by the Author.
- LIGHT AND X-RAY TREATMENT OF SKIN DISEASES. By Malcolm Morris, F.R.C.S. (Ed.), and S. Ernest Dore, M.D. (Cantab.). W. T. Keener & Co. 1907. Price, \$1.50 net.
- MANUAL OF DISEASES OF THE EYE. By Charles H. May. William Wood & Co. 1907. Price, \$2.
- OBSTETRICS. By J. Whitridge Williams. New York: D. Appleton & Co. 1908.
- URIC ACID. By George Abner Gilbert, M.D. Danbury Medical Printing Co. 1907.
- HEALTHY BOYHOOD. By Allen Trewby, M.A. New York: Longmans, Green & Co. 1907.
- GONORRHEA. By Frederick Baumann, Ph.D., M.D. New York: D. Appleton & Co. 1908.
- MOVABLE KIDNEY. By David Newmann, M.D., F.F.P.S.G. New York: Longmans, Green & Co. 1907.
- MATERNITY. By Henry D. Fry, M.D., Sc.D. Washington and New York: Neale Publishing Co. 1907.
- TREATMENT OF INTERNAL DISEASES. By Norbert Ortner, M.D. Philadelphia: J. B. Lippincott Company. Price, \$5 net.
- A MIND THAT FOUND ITSELF. By C. W. Beers. New York: Longmans, Green & Co. Price, \$1.50 net.
- SURGERY OF GENITO-URINARY ORGANS. By J. W. S. Gonley, M.D. Rebman Company. 1907. Price, \$3.
- CHRONIC CONSTIPATION. By J. Alexander MacMillan, B.A., M.D., Detroit, Mich. Kansas City, Mo.: The Burton Company. 1908. Price, \$2.
- A PRACTICIAN'S HANDBOOK OF MATERIA MEDICA AND THERAPEUTICS. By Thomas S. Blair, M.D. Philadelphia: The Medical Council. 1908. Price, \$2 net.

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MEDICAL LEGISLATION.

THERE is no better test of the growing intelligence of our public and of its appreciation of the medical work of our profession than is presented by the State Legislature in its attitude toward health matters brought before it.

At the present session a number of very interesting and important bills concerning public medicine have been introduced. First among these, in a negative way, is the amendment submitted by Senator Gorman which threatened to undo the good work of years accomplished by our Lunacy Commission and by physicians interested in the insane, on the plea of necessary economy. This unwise effort was, happily, defeated, and the time when the State is to gather into large and well-equipped hospitals and asylums those unfortunates whose disgraceful housing in county almshouses has been year after year exposed by Dr. Preston, of the Lunacy Commission, was fixed for three years after this date.

This is an enterprise of great magnitude, and cannot be completed in a few years or with a single appropriation. But the beginning is a wholesome indication that patient and wise urging by physicians of definite needed reforms will, after a time, find a response in our Legislature. It is evident that the State cannot make all the desirable sanitary and medical changes at once; but our legislators are open to the presentation of facts, and, moreover, will not undo at one session the good work they did in a preceding session. There is no "politics" in our Legislature when these matters are brought before it.

CHRISTIAN SCIENCE.

The bill which excited greatest public interest was an amendment to the Medical Practice law, which the Christian Scientists combated most strenuously under the pretense that it was aimed at their religious faith. The amendment reads as follows:

"Any person shall be regarded as practising medicine who

shall append to his or her name any title indicating that he is a healer, or who shall profess to heal any ailment or supposed ailment, or who, for hire or for any gratuity or compensation, either directly or indirectly to him paid by or for any patient, shall undertake to treat, heal, cure, drive away or remove any physical or mental ailment, or supposed ailment of another, by mental or other process exercised or invoked on the part of either the healer or the patient, or both."

Opticians and druggists selling drugs over the counter were excepted.

We have given only the new parts of the law, the same exceptions of masseurs, chiropodists, midwives, etc., being made as heretofore. The amendment simply brings the aforesaid healers of whatever name, if they receive pay for their attentions, under the same legal control as physicians, requiring them first to receive a license to practice from the State Board of Medical Examiners.

The amendment was not introduced by physicians, and is not a persecution of Christian Science by them. It was prepared at the instance of two non-medical men, one of whom had lost two of his children as a sacrifice by his wife to the "Science" delusion. It was, in fact, a layman's appeal for the protection of helpless little children from mercenary Christian Science impostors. It does not interfere in any way with the belief or teaching of "Science" as a religion. It does not prevent "Scientists" actuated by piety or benevolence from (present or absent) adding their healing thought-currents to the efforts of a competent practitioner who is using the old-fashioned medical agents now in vogue.

ON THE SENATE FLOOR.

The scene on the floor of the Senate as witnessed by us on the afternoon of March 18 was very animated. Senator Goldsborough and others, with quiet demeanor, drew attention particularly to the mercenary characteristics of Science doctrine, quoting at some length from Mark Twain, and also argued for the legality of the proposed amendment. Senator Lancaster, with impassioned utterance, gradually circled his half of the room in approved naval manner, pouring in from bow and starboard at long and short range a continuous storm of shell upon the helpless enemy, who fired mostly at the horizon. By quotations from Mark (not the Saint) it was shown that the Scientist is obliged, under penalty of excommunication, to sell the church's text books (at several hundred per cent. profit to the church organization), a rather re-

markable religious requirement. Supreme Court decisions were quoted to the effect that the constitutional right to religious freedom applies only to the actual practices of religious worship—not to all the things a person may think his religious duty. Sects, for instance, who believe it is their religious duty not to wear clothes have found it impossible to maintain their liberty in this respect before the courts of this land of the free.

After pausing for dinner, the combatants went at it again, and at 10 o'clock the amendment passed by a vote of 21 to 5. We suspect that what won the day was, after all, the appeal of outraged suffering childhood to the father-heart of each Senator against a religion as cruel as the Moloch worship of old.

OTHER BILLS.

An "ANTI-SKEETER" bill prepared by Mr. George S. Brown for the Health Department was defeated in the House, but will doubtless come up again at some future session. It provided for the acceptance by Maryland of a loan offered to communities by Congress, out of moneys from sale of public lands, for the drainage of swamp lands in the counties, to be repaid by the owner out of the earnings of his new fields.

Other measures which have had favorable consideration by committees of the House and Senate, but which, at the time we go to print, are not yet sure of passage, are:

A bill to prevent the sale of impure milk.

A bill for inspection of cattle.

A bill to prevent spitting in public places. This has already obtained as a police measure in Baltimore city, and has greatly added to the cleanliness of our pavements and street cars.

A bill for the examination of the teeth of children in the public schools (especially designed for Baltimore city).

A bill appropriating \$1500 yearly to the Maryland School for the Blind, in order that teachers may be employed to visit in their homes the adult blind of Baltimore and vicinity who have become blind after adolescence and so have been without necessary training as blind, and to instruct them in the reading and writing of embossed print and in simple manual work, such as crocheting, knitting and chair caning.

THE NEW MEDICAL CENTER.

A bill to aid in the erection in Baltimore of a great building which shall contain our faculty library, and shall also be the home of all medical, dental, pharmaceutical and sanitary organizations

which may desire to claim its privileges. The lot for this center has been secured on Cathedral and Preston streets, and a very considerable sum of contributions has been collected. It is planned so broadly and assures such benefit to the whole State that the Legislature is certain in the present or in coming years to give liberally toward its erection and equipment. The great profession of the healing art in Maryland has grown tremendously of late, gathering into closer fellowship its hitherto separate constituent crafts, inviting to its privileges worthy members of alienated sects, seeking helpful intercourse with other great professions, such as law and the press, and asserting its rightful position before the public as one of the leading organizations for the promotion of civilization and happiness among our citizens.

This is a great work ; it demands the co-operation of every member of the greater profession. Let every one that is wise-hearted among us think on these things, and in his daily conversation interest and inform our fellow-citizens concerning them. Then as measure after measure comes before the Legislature it will meet with a quick and enthusiastic response. We should remember also to thank those who have courageously and tirelessly championed before Senate and House these great medical interests.

MILK AND ITS RELATION TO THE PUBLIC HEALTH.

THE above title is given to "Bulletin No. 41" of the Hygienic Laboratory of the United States Public Health and Marine Hospital Service, and this comprehensive document ably discusses this subject from various standpoints.

In describing the number of bacteria in milk Rosenau cites a number of instances in which the milk supplied to consumers in large cities varied in its bacterial content from 1,000,000 to 180,000,000 bacteria in each cubic centimeter, which is about 15 drops. Even though these bacteria are not actually specific causes of special diseases, yet such milk causes serious intestinal diseases in infants and young children.

Such conditions are due to dirty handling, lack of proper refrigeration, shipping from great distances, and improper care in the shops or even in the houses after purchase. Milk only contains several hundred bacteria when drawn from the cow, and Boston and Rochester have been able to enforce a legal standard of 500,000 bacteria per cubic centimeter. This is not always possible where the milk producers are at great distance from the city or the

conditions of production are complex, but the bacterial standard should always be used to gauge the general sanitary quality of the milk supply.

Anderson, in describing the frequency of tubercle bacilli in milk, points out that these bacteria may infect the milk through a tuberculous udder or indirectly by means of an environment infected through the feces, since it has been shown that tuberculous cows without udder disease often pass virulent tubercle bacilli in the feces. Pierson found 12 per cent. of cattle examined in Pennsylvania were tuberculous, and he made over 44,000 examinations, and such animals must often infect the milk. In the various investigations of market milk in this country and Europe the tubercle bacillus has been detected in from 6 per cent. to 50 per cent. of the samples.

During the milk-drinking age, or in children under five years of age, 80 per cent. of all cases of tuberculosis affect the glands, bones and viscera other than the lungs. It seems reasonably certain that many of these cases are of intestinal origin, since the tubercle bacillus can pass through the uninjured mucous membrane of the intestine, and the danger from infected milk is one to be carefully considered.

Another dangerous organism in milk is the streptococcus. This organism is usually accompanied by an increased number of polynuclear leucocytes, and such a condition can be easily recognized by a microscopic examination of the milk. Quite a number of epidemics of adenitis, fever and diarrhea have been traced by microscopic examinations of milk to cows suffering from garget, a purulent inflammation of the udder, and when the offending animal was removed the trouble ceased.

Although the cause of scarlet fever is unknown, and the germs of typhoid fever, dysentery and diphtheria are practically never found in the routine examinations of milk, yet many epidemics of these diseases have been traced to milk. It is known that the typhoid bacillus will increase enormously when once introduced into milk, and these milk-borne epidemics usually arise from one or more cases of the special disease on the dairy farm, and are explosive in character and usually quickly subside. Asiatic cholera and milk sickness are also conveyed by milk.

It is comforting to note that all of the accumulated knowledge concerning the dangers of milk as a raw food have resulted in the discovery of methods of prevention.

By far the most important method of prevention is sanitary

inspection of the dairy farm. This should be carried out by inspectors licensed by the State or city, and if the proper requirements are not carried out the offending dairyman should not be allowed to sell milk until conditions are improved. The stable should be clean and well ventilated, and the cows and milkers should also be clean. Partially-closed pails for milking, clean utensils, quick and permanent cooling of the milk, including shipping in refrigerator cars, are all important items in avoiding the slaughter of the innocents. No animals should be allowed in milch herds unless they have passed the tuberculin test and a general veterinary examination, and farmers will often be put upon their metal by the friendly rivalry produced by means of the score-card system.

The dairy farm should be carefully inspected for any of the infectious diseases, and the dairymen should be instructed by circulars containing plain directions and suggestions.

It is very important to secure a pure water supply for the farm.

The chemical examination of milk for preservatives may also prevent indigestion and diarrheas by eliminating such irritants, and the bacteriological examination of milk often points to bad conditions which may be later corrected.

These ideal conditions are often hard to attain, and unless one is sure of the purity of the milk it is an additional safeguard to pasteurize the milk. Heating at 60° C. for 20 minutes destroys the bacteria capable of causing the various milk infections, and this can be properly performed on the dairy farm, at the distributing stations or city dairies, or even at home.

The entire matter is perhaps summed up best by Shakespeare, as quoted by Kerr:

"She can milk, look you; a sweet virtue in a maid with clean hands."

A NEW POINT OF VIEW.

ONE of the signal landmarks in the development of the science of Medicine is the advent of Preventive Medicine. The realization that the treatment of disease is largely called for as a result of the failure or lack of preventive measures marks the beginning of a new era in the science of Medicine. The substitution of the ideal, "the prevention of disease," for "the cure of disease" has transformed medicine from an art into a science. Preventive medical work is of necessity based upon the firm foundation of established

facts, whereas curative medical work, even at the present day, shambles to a very large extent amid undemonstrable suppositions. The simple fact of the establishment of sanatoria for early infections of tuberculosis before the establishment of institutions for the care of the more developed cases in this State indicates the growing recognition of the value of preventive measures. The demand for the establishment of hospitals for the care of incurable tubercular cases is largely an outgrowth of the knowledge that old cases are the chief source of new infections; hence the inroads which the science of medicine has made upon the art of medicine is even more apparent. The growth of preventive medicine is undoubtedly due primarily to the more accurate and scientific conception of disease following the more accurate and scientific knowledge of the causes of disease. Take typhoid fever, for example; until medical men knew the cause of this disease and its mode of transmission it was impossible for them to advise measures for its prevention. The scientific knowledge of the disease preceded and indicated the means of prevention. The work now being done in the prevention of tuberculosis is especially illuminating in this regard, for the scientific knowledge that tuberculosis made more rapid progress in patients lacking proper food and fresh air indicated at once certain preventive measures. The demand on the part of medical men for better housing conditions, as tending toward the prevention of disease, is merely an indication of this higher development of the science of medicine.

The recognition of the close connection between preventive medicine and social conditions is of very recent development in the science of medicine, its latest phase being found, perhaps, in the work recently inaugurated for the prevention of venereal disease. There was a time when the consideration of social conditions would have been thought sentimental and wholly unprofessional on the part of the medical man, but at the present day the study is at last beginning to take dignified rank in the province of preventive medicine. The fact that adequate preventive measures cannot be applied to certain diseases while certain social conditions obtain is, of course, at the root of this changed point of view. Especially is this the case with respect to the venereal diseases. The measures which pass under the name of "regulation" illustrate this point very conclusively. Regulation was instituted under the misconception that medical men could instigate preventive measures, but that they could not scientifically suggest alterations in

social conditions. An attack upon social conditions was not supposed to come within the province of medicine, but was left to be ignorantly and blindly conducted by the laity. The practical failure of regulation has done much to teach medical men that social conditions and preventive medicine are inseparably bound together. Many medical men are beginning to realize that sexual immorality is the ultimate source of venereal infection and favor an educational opposition to the social evil. The educational work now conducted by medical men with respect to venereal disease will, to some degree at least, result in a falling off of the patronage of prostitutes. Men like Lesser, Neisser, Morrow and Blaschko advocate continence as a preventive measure, not from a sentimental longing for an undefined morality, but from the knowledge that under present social conditions continence is the only practicable preventive measure to be recommended. The fact that regulation, disregarding, as it does, the possibility of altering social conditions, has failed to restrict the spread of venereal disease is another reason for a more courageous attitude on the part of the medical profession with regard to social conditions. Since continence and morality stand in the same relation in our modern-day terminology, many medical men feel that to advise continence is to join hands with sentimental and hysterical moralists. While they do not regard it unscientific to advise against personal contact with individuals suffering from other notifiable contagious diseases, the source of infection in venereal disease is to a very large extent ignored. The fact that prostitutes, under present social conditions, constitute the medium for the spread of venereal disease is not sufficiently appreciated by the medical profession at large. The proof of the statement lies in the fact that many medical men recommend the use of prostitutes, and that the medical profession has failed to advocate with unanimity measures which tend to restrict sexual intercourse with prostitutes.

Regulation as instituted in France and Germany attempts to restrict the spread of venereal disease, while permitting "immorality," so called, to flourish unrestrained. The failure of these measures is best evidenced by the efforts which medical men in Germany today are making to abolish the present system of a legalized prostitution. The consensus of opinion among medical men in Germany is that regulation has increased rather than diminished the sum total of venereal disease. In consequence of this realization societies for the prevention of venereal disease have been inaugurated.

To all practical purposes it is impossible at the present day to enact or enforce proper laws for the restriction of the spread of venereal disease, which leaves the medical profession but one course to pursue. Hence the education of the laity as to the actual extent and gravity of venereal disease must of necessity precede all legislation. A statistical report published in the February number of this JOURNAL by the Committee on Sanitary and Moral prophylaxis gives good testimony for the need of some preventive work in this field. The education of laymen as to the desirability and practicability of continence from a scientific point of view and the true importance of proper treatment in case of infection, both from the standpoint of the individual and of the race, constitute, for the present, the only available restrictive measures which the medical profession can safely apply to venereal disease. The fact that such educational work is an indirect attack on the time-honored institution of prostitution should not prejudice medical men against it, since the amelioration of social conditions admittedly comes within the province of preventive medicine.

The Maryland Society of Social Hygiene, which is to be inaugurated at an early date under the auspices of the Maryland Medical and Chirurgical Faculty, will afford ample opportunities for conducting in a conservative manner this sort of educational campaign. The fact that the conduct of the society is to rest chiefly with the Medical Faculty obviates the danger of radical or sentimental procedure. Should no other result follow the work of the society, the medical profession will at least have discharged a great responsibility. When the public at large awakens to a true realization of the gravity of venereal disease the burden of proof for venereal infection will then rest with the laity. The terrible frequency of marital contaminations at the present day and the domestic tragedies which result therefrom form a very real reproach to the medical profession. This opprobrium at least will be removed when medical men have sufficiently instructed the laity. The energy and efficiency elsewhere shown in inaugurating and conducting educational work along these lines sets a high standard for the future achievements of the medical men of Maryland, and the prompt and energetic action of the Medical Faculty which followed Dr. Morrow's address in Baltimore in April, 1907, indicates sufficiently the ability of the medical men in this State to measure up to the standard.

Can Maryland Afford to Neglect Her People's Health?



—Baltimore American.

Correspondence.

TO AMERICAN PHYSICIANS INTERESTED IN THE ALCOHOLIC PROBLEM.

Editor Maryland Medical Journal:

Dear Sir—During 1907 over 200 papers, lectures and pamphlets were published in Europe and America concerning alcoholism and inebriety from a purely scientific point of view. Many of the authors complain that these papers were practically lost because they did not reach medical men interested in the subject. The Scientific Federation Bureau, organized in Boston two years ago for the purpose of collecting and disseminating the facts concerning the

alcoholic problem, proposes to secure a list of medical men who are interested in the scientific study of the alcoholic problem. This list will be valuable for authors and students who wish to address a special audience of physicians, not only to increase their interests, but to stimulate more exact studies of the subject. Such a list will enable the bureau to extend its work of accumulating papers and reprints of all that is written and keep authors and readers familiar with the work done in this field. All physicians who are interested in the scientific study of the alcoholic problem and the work of medical men at home and abroad along these lines are urged to send their names and addresses, so as to be registered and receive copies of papers and abstracts from authors and others who may wish

to write directly to interested persons. As chairman of the board of directors of the Scientific Federation Bureau I earnestly request all physicians interested in this subject to send me not only their own names, but the names of other medical men who would care to keep in touch with the new medical literature along this line and the latest conclusions in the scientific world concerning this problem.

T. D. CROTHERS, M.D., Chairman,
Hartford, Conn.

OPENING FOR PHYSICIAN.

Baltimore, March 12, 1908.

Manager Maryland Medical Journal:

Dear Sir—I am advised that there is a good opening for an active physician at or near Wadesville, Clark county, Virginia, the nearest physician, about four miles away, having recently died. Mr. Lewis Pidgeon, at above address, will be pleased to reply in full to anyone considering such location.

HENRY CHANDLEE.

Editorial Comment.

THE CLAIMS MADE BY THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF MARYLAND FOR STATE AID.

THE Medical Department of the University of Maryland is asking the State of Maryland to appropriate \$50,000 a year for two years for the completion of a new wing to the University Hospital, basing its claim upon the ground of merit.

The property controlled by the University of Maryland is, under the charter of the university, owned by the State of Maryland, and whenever it ceases to be used for hospital and educational purposes reverts to the State.

Since the Medical Department of the University of Maryland was founded, 100 years ago, the Faculty of Physic has invested from that time to the present over one-half million dollars in its plant.

The State has contributed to this investment less than \$100,000 in 100 years, and yet the State holds the title to the property paid for by the Faculty of Physic. The University Hospital has cost the Faculty of Physic over \$200,000. Of this sum there is a mortgage debt of

\$70,000, which the Faculty of Physic is paying off annually. Within the past 10 years the Faculty of Physic has paid out of tuition fees over \$80,000 in interest and sinking fund on this debt.

The University Hospital treats annually more State patients than any other hospital in the State. During the past year 16,322 days were occupied by State patients at a cost to the State of less than 50 cents per day per patient, yet the expense of these same patients to the hospital was over \$1 per day.

The University Hospital treated during the past year 3100 indoor patients and over 29,000 outdoor patients at a cost to the hospital of \$68,000, while the receipts from all resources were only \$64,000, leaving a deficit of \$4,000, which must be charged against the tuition fees belonging to the Faculty of Physic.

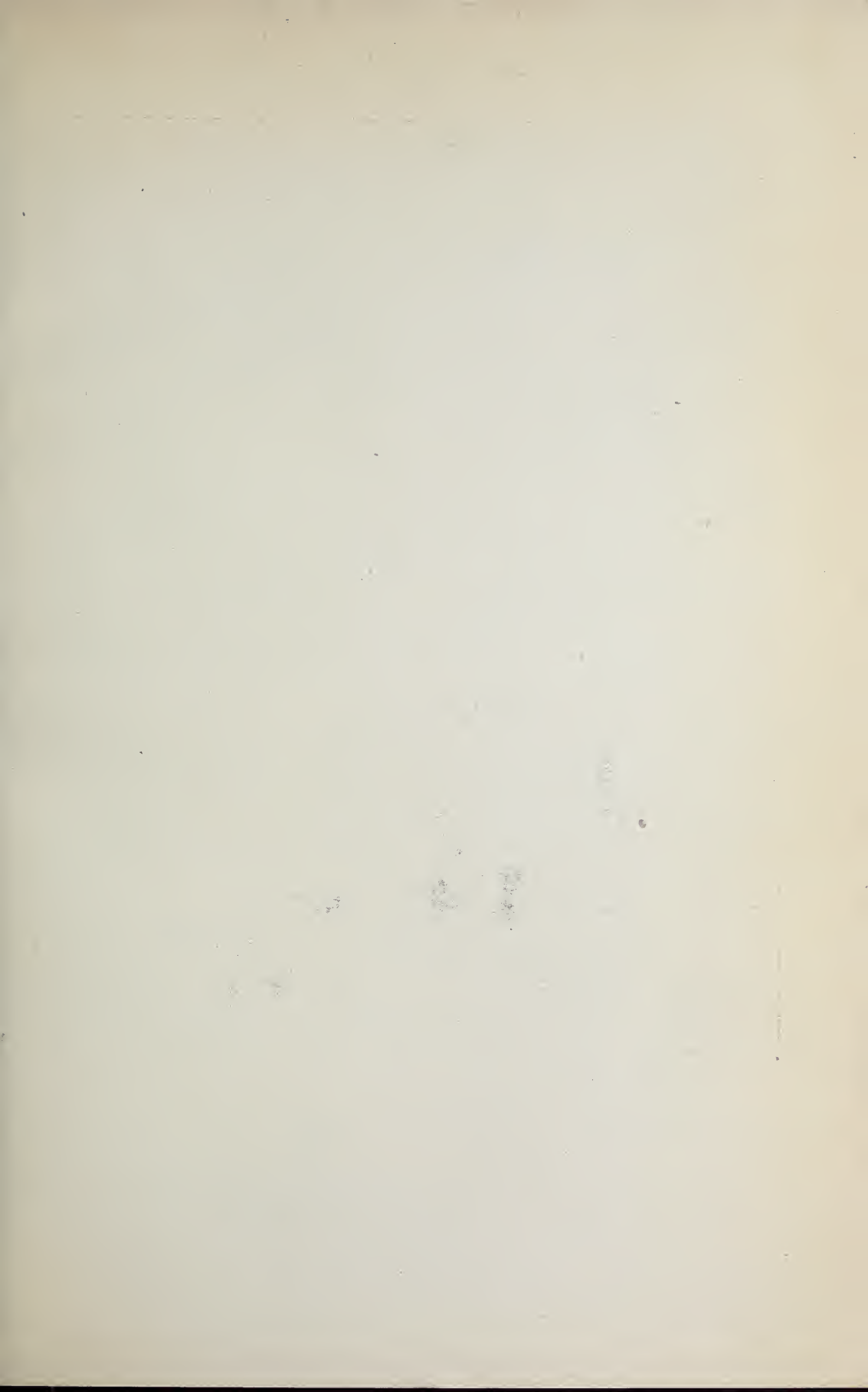
The Faculty of Physic is overburdened with the work the hospital is doing, and is not financially able to meet the growing needs of the hospital.

The present hospital, though only 10 years old, is overcrowded. A new wing is absolutely necessary to take care of the work coming to the hospital. The institution is filling a great need in the State by the care it gives to the sick and poor of the State.

The University of Maryland is a State university. It has on its rolls over 1000 students in all of its departments.

The interests of the people of Maryland have been promoted by the university in every way. The work the Medical Department is doing for the people of Maryland is as important as any which can be done by any institution in the State. This work is growing faster than the resources of the faculty can meet, and this appropriation asked for is needed to meet the growing necessities of the hospital.

The Faculty of Physic asks the State authorities to investigate the correctness of these statements. They ask a committee from the General Assembly to visit the hospital and see the ground on which this appeal for State aid is made. If it is not based upon justice, merit and necessity, then do not extend the aid sought. If the facts are as stated, we claim that the State should aid the University Hospital in enlarging its plant.—*The Hospital Bulletin.*





PROF. ROBERT KOCH AND MRS. KOCH

Dr. and Mrs. Koch arrived in this country on April 7, on a tour of the world. The above photograph was made by the *New York Herald* and furnished for reproduction in the MARYLAND MEDICAL JOURNAL. At the German Medical Society banquet in New York, where Dr. Koch was the honored guest, Prof. William H. Welch of Baltimore in his toast "greeted Robert Koch as the foremost representative of German medical thought and method of research, which had conquered the whole world. He alluded to an interesting personal recollection from a time when bacteriology was in its infancy and he working in Cohnheim's laboratory at Breslau. He told how Koch, unknown, came there from the little town of Posen to show Cohnheim his work on anthrax and how he remained closeted with him for a long time, and how Cohnheim afterwards told Welch and the other workers: 'There is a great man of whom we will hear much in the future.'"

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THE GROWTH OF OUR KNOWLEDGE OF INFECTIOUS DISEASES.

By J. H. Mason Knox, Jr., Ph.D., M.D.,

Instructor in Pediatrics, the Johns Hopkins Medical School.

READ AT THE SPECIAL MEETING OF THE DORCHESTER COUNTY MEDICAL SOCIETY, HELD AT
CAMBRIDGE, MD., MARCH 3, 1908.

THE pathway along which our knowledge of infectious diseases has been attained has been a most tortuous one. Beginning in the low-lying swamps of ignorance and mysticism, the devious road to truth has led now under the guidance of some prophet greater than his day to a hilltop which afforded a broader outlook, now it has followed the ignis fatuus of false hope into gloomy glades of error, from which the way back to the line of progress had to be slowly retraced. At certain times the development of this knowledge proceeded by leaps and bounds, while again for centuries but few contributions of real value were made.

It is manifestly impossible in the short time at my disposal to attempt to trace the details of the weary march of progress. An effort only will be made to outline the general trend of events that have led to our present conception of infectious diseases and to mention briefly a few of the pioneers' honored names, who have by their foresight and energy blazed the trails.

The earliest idea of sickness of which we have record seems to have been that it was due to supernatural influences, to the possession of demons and the like. Later, ordinary illnesses were attributed to natural causes, but the greater pestilences and plagues were considered to be visitations of punishment on the part of an offended deity. This is the view of the Old Testament and of the Iliad and of many ancient writers. As late as the eighteenth century treatises on the plague spoke of the epidemic as a scourge of an angry God. In the writings of Hippocrates there is an earnest protest against this hypothesis which he calls an appeal to divinity on the part of magicians, who would in this way hide their own impotency to cure.

The doctrine of a living contagion, *contagium vivum*, as the cause of many diseases is ancient, and appears more or less clearly stated in the works of Varro, Lucretius and others. Any active mind speculating on the character of epidemics would be likely to surmise the action of invisible living organisms; but the idea seems to have been purely fanciful and to have presented itself to non-medical possibly more than to medical minds.

When disease was attributed to natural causes the origin of illness was thought to be due to changes in the ubiquitous media, especially in the air. Hippocrates was of the opinion that when many men fall ill at the same time the cause must be something that is everywhere common—that is, the air, which so acts because it contains a deadly secretion, a so-called *miasm*.

The miasmatic theory of disease, which was also accepted by Galen, dominated the medical world from ancient times, and still today exerts its influence in many quarters. How often do we hear malaria (chills and fever) and typhoid fever ascribed to the plowing up of land long allowed to lie fallow! The miasm was thought to produce in the body the changes of putrefaction and decomposition. This unhealthy quality of the air was variously explained by Galen in the scourges which followed wars as due to the exhalations from dead bodies, at other times to the fumes from swamps, and, after great heat, to the exhalations from the center of the earth.

After a time it was understood that there were differences to be observed between pestilences and diseases that were not so general, and that many of the latter were contracted from man to man, and that certain of them must have their particular infectious material. So it came about that the conception of a causative miasmatic condition of the atmosphere became limited. This limitation was carried further by the introduction of other factors thought to have an influence on disease, such as the state of the weather and the movements of the stars, etc., which set up a so-called epidemic constitution, variously described as inflammatory, bilious, rheumatic, etc., which was antecedent to disease. In these speculations an indefinite unknown quantity in the matter was recognized.

The great cholera epidemic of 1830-37 was thought to be due to a gastro-nervous epidemic constitution brought about by various convulsions of nature, earthquakes and volcanic eruptions. In the succeeding epidemic 40 years later the influence of the outer world as an explanation was greatly restricted, and much more stress laid upon the individual disposition of man.

Miasmatic atmosphere was thought by the best authorities as late as the last century to be sufficient explanation of hospital gangrene and puerperal infection, the air being poisoned by the crowding of a large number of people into close quarters. Diphtheria and typhoid fever were alike considered as due to the breathing of foul gases.

During all the years in which various theories now obsolete explanatory of infectious diseases obtained more or less accepta-

tion, the idea of contagion was never lost sight of entirely. Heroditus realized that certain diseases were given to well ones by the sick, and Isocrates recognized, it is said, the infectious character of tuberculosis. Aristotle asked that "if it is true that well persons become ill from their nearness to the sick, why do not the sick become well by their nearness to the healthy?" Galen and the Arabian physician Rhazes recognized a considerable list of infectious diseases.

The appearance of syphilis in Europe in the beginning of the sixteenth century gave much support to the theory of direct contagion. Almanas, a contemporary of that period, asserted that only pious worthies could think of this disease as conveyed through the air. As the result largely of a study of syphilis, Fracastor in 1546 wrote a book on contagion, which he recognized to be of three kinds: First, by contact; second, by fomites, including porous articles, bed clothes, etc., which had come in contact with the patient, and third, by contagion at a distance, including a third person, insects and animals. In this last category is included a miasmatic condition of the atmosphere produced by the sick patient. A great controversy arose in the profession between those advocates of contagion as the cause of infectious diseases and those who believed in the miasmatic theory.

Certain diseases, of which malaria is the best type, were thought to be due definitely to miasm, as is shown by its etymology. Types of the generally acknowledged contagious diseases were syphilis and scabies, and a third group was called miasmatic contagious, because they could be produced by either process. In this last group were included smallpox, measles and scarlet fever, as often the direct infection could not be shown.

Much strength was given to the miasmatic conception in the last century by the laborious researches of Pettenkoffer, who in 1860 formulated a widely-accepted theory that a certain condition of the surface earth was necessary for the existence of various diseases, including cholera. He believed that this condition of the soil was brought about by the ripening in it of the patient's discharges. From early times, however, by groups of thoughtful minds the transmission of disease by contact was strongly upheld.

The hypotheses of the contagionists in their efforts to establish a theory of infection are ingenious. They made use of various analogies in nature; the decay of an apple near one already rotten was often referred to. It was held that only a minute portion of the infectious material was necessary to produce the disease in such manner as the action of leaven upon dough. Some thought a disease was produced by the psychological effect upon the patient of having a case of infection near by. The infecting material was variously described as an alkali, an acid, a salt, a peculiar motion of the body fluids or organs, or a form of magnetic or electrical power. Amid all these speculations three views gradually emerged as to the nature of the infecting agents, namely, that these were either poisons, ferments or living things. The last conception

slowly gained ground for various reasons, among which may be mentioned the probable multiplication of the cause of the disease after its entrance into the body, the variable incubation period in various diseases, and the destruction of the infectious material by chemical means.

The actual demonstration of objects which could be considered as the carriers of infection came after the discovery of the microscope. A remarkable anticipation of the real facts was announced by a Jesuit priest, Athanasius Kircherus, who asserted in 1656 that air, water and earth swarmed with countless insects which he had seen with the microscope, and that these animalculi were the cause of various diseases, particularly of bubonic plague, which was then raging in Italy. His descriptions are vague. It is now agreed that what he saw in the blood were not bacteria, but probably corpuscles. According to his view, these tiny animals filled the atmosphere and pressed into the body; at times they ate the skin and produced pocks; they had definite times to sleep, and this variation in their activities gave rise to the paroxysms of fever in many diseases.

The view of Kircher made a deep impression on Christian Lange, professor of pathological anatomy at Leipsic, who suggested to his class that many diseases, such as measles, smallpox and various fevers, might be due to these animalculi. Here, as Professor Loeffler puts it, was the announcement of a living pathology founded on microscopic investigation.

It was left, however, to Anthony von Leeuwenhock, a linen draper of Delph, Holland, to demonstrate actual bacteria. Leeuwenhock was an expert lens grinder, and with his lenses he discovered in water, in various secretions, in the intestines of animals and in his own evacuations minute objects differing from one another in shape and size and in motility. In a paper read before the Royal Society of London in 1683 he described and pictured with remarkable objective accuracy the organisms he found in the tartar scraped from his teeth. He indulged in but little speculation, but his results excited general interest. Minute organisms were found everywhere and an epoch of germ-mania broke loose. All obscure diseases were attributed to these animalculi. No classification was attempted by Leeuwenhock, and after a wave of excitement the possible relation of these organisms to disease fell into obscurity.

A century later Plencez, a physician of Vienna, declared his belief that all infectious diseases were produced by micro-organisms, and claimed a specific germ for each disease, after the analogy of the specificity of the crops from the various grains. His idea, however, was speculative and made no lasting impression, and the conception of a living contagion was not actively revived until nearly the third decade of the last century. This was brought about, it is said, by a study of cholera epidemics, by the improvement in the microscope, and the interesting discovery that scabies or itch, a recognized contagious disease of the skin, was produced by an

animal parasite. Shortly afterward came the discovery by Bassi that muscardine, a disease of the silkworm, thought to be miasmatic contagious in character, was produced by a spore-forming micro-organism. About this time fungi were described by Schoenlein in various skin diseases.

The classical experiments of Pasteur upon the cause of putrefaction in beer and the souring of wine revealed the wide distribution of bacteria and their relation to fermentation and putrefaction and furnish a good analogy for the belief in a similar relation to infectious diseases. It is interesting to recall that Henle in Europe and J. K. Mitchell in this country as early as the fourth decade presented graphic arguments of a living contagion in support of the doctrine.

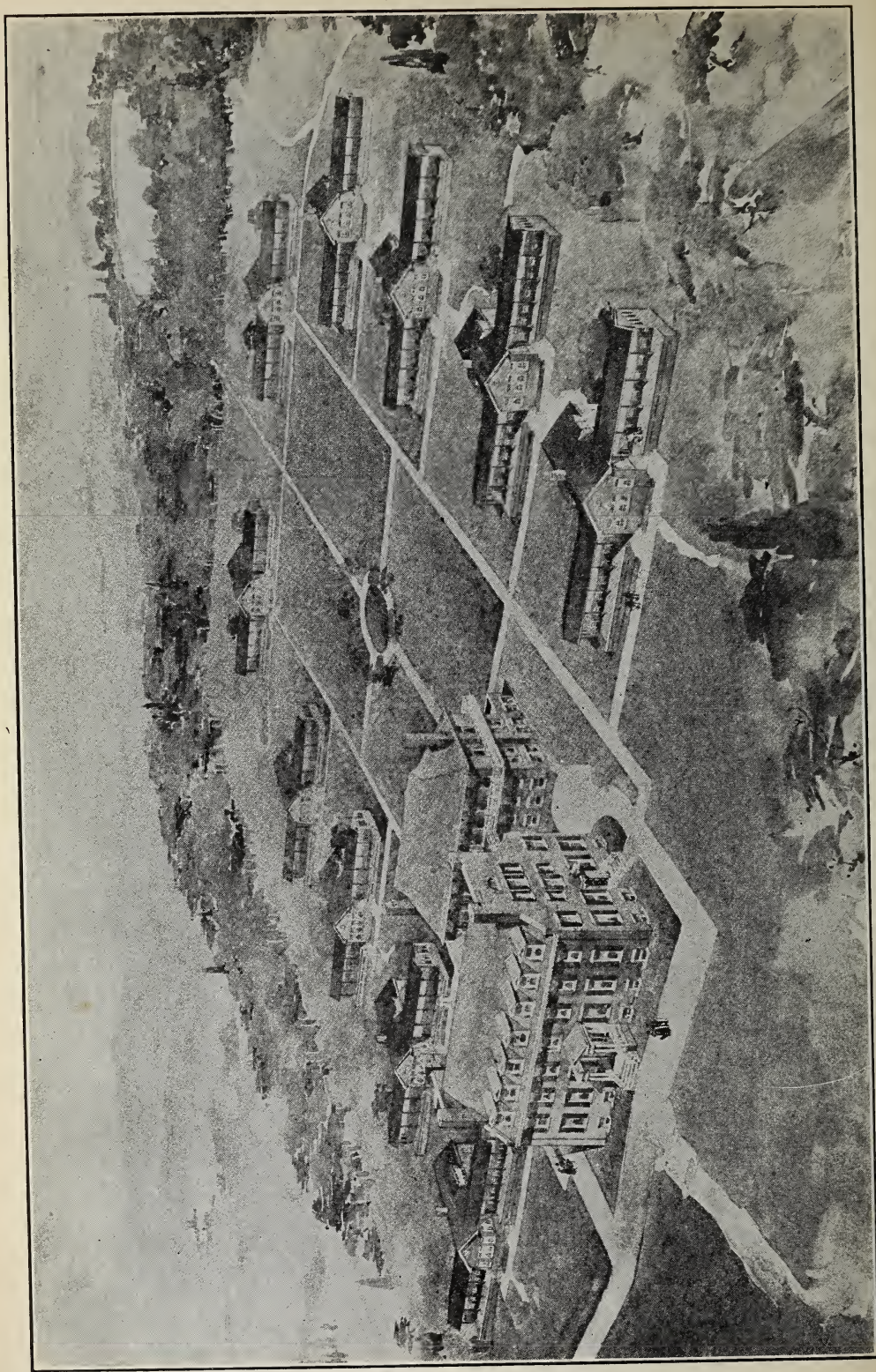
A most important step was taken when Pollender and Davaine in 1849 and '50 found rodlike bacteria in the blood of animals dying from splenic fever or anthrax. Before this time speculation had not been so much about the relation of diseases to animalculi, but rather about the origin of these minute bodies. Did they arise spontaneously, or were they only generated by previously existing forms of the same species? Kircher taught that spontaneous generation must be true of lower animals, as the Bible did not state that they were in the ark with Noah.

The controversy on this question took modern form in the eighteenth century in the experiments of Needham and Spallanzoni, and continued until Pasteur. Step by step it was shown by carefully conducted experiments that if animal matter previously heated be exposed to air from which micro-organisms were excluded either by passing through strong acid or alkali solutions (Schulz), or through highly heated tubes (Schroeder and Dusch), or through tortuous tubes or filtered through cotton (Pasteur), that under these conditions decomposition was prevented and the material would keep sweet indefinitely. Certain irregularities in the results from the beginning afforded some justification to the objection urged against the claims of the animalculists.

Cohn of Breslau, by the demonstration in certain bacteria of spores which are highly resistant to high temperatures, was able to explain the discrepancies in the previous experiments and gave the deathblow to spontaneous generation, and practically ended one of the bitterest controversies of the scientific world.

The introduction of antiseptic surgery by Lister in the sixth decade was based on the probable analogy between wound infection and fermentation as explained by Pasteur rather than on the demonstration of bacteria in surgical infections. The success, however, of Lister's methods made a profound impression upon the medical world and prepared the way for the work of Rindfleisch, von Recklinghausen, Waldeyer and others, who shortly after showed that masses of bacteria were deposited in the internal organs in blood-poisoning. Micro-organisms also were shown to be present in suppurative wounds by Klebs, who called them septic mykose.

(To be continued.)



THE MARYLAND TUBERCULOSIS SANITARIUM.

THE MARYLAND TUBERCULOSIS SANITARIUM.

THE Board of Managers of the Maryland State Tuberculosis Sanitarium wish to inform the medical profession of the State that the new sanitarium being constructed near Sabillasville, Frederick county, will be ready for the reception of patients about June 1st. As previously told in this JOURNAL, the sanitarium is located in the heart of the Blue Ridge mountains, at an elevation of about 1500 feet, in one of the most beautiful and salubrious spots in the State.

The sanitarium will be open to all white persons suffering from tuberculosis in a curable form who have been residents of Maryland for at least one year preceding the date of application. Applicants for admission must present themselves to one of the following examining physicians: Dr. Guy Steele of Cambridge; Dr. Charles Conley of Adamstown; Dr. Charles Ellis of Elkton, and Dr. H. Warren Buckler of Baltimore. If the applicant proves to be a suitable case for sanitarium treatment, the application will be immediately forwarded to the medical superintendent, who will file it in the order of its receipt, and will notify the patient when the sanitarium will be ready to receive him. After receipt of such notice, unless the applicant presents himself within 10 days, the application becomes forfeited. In the case of those individuals living at a distance too great to warrant a trip to the examiner's office, the application may be filled out by their regular family physician and then forwarded to the nearest examining physician for his endorsement or disapproval. Application blanks may be obtained from the municipal or county health officers in the district in which the patient lives or from anyone of the examining physicians, or from Mr. Samuel K. Dennis, Equitable Building, Baltimore, the secretary to the board.

The Board of Directors earnestly request the co-operation and patronage of every physician practicing in the State, as upon them will depend the success or failure of the institution. As will be seen in the accompanying cut, the patients' quarters are of such construction and so arranged that only ambulatory cases in the very earliest stages of the disease can be cared for, so applications of those in the incipient stage only will be received.

The State of Maryland has appropriated over a quarter of a million of dollars to make this sanitarium as modern and as perfect a one as there is in existence, and the profession of the State should see to it that the expenditure will prove a profitable one.

The Board of Directors extend a cordial invitation to all physicians who may wish to inspect the sanitarium and see for themselves the provisions Maryland is making for the care of her citizens afflicted with tuberculosis.

SOME POST-OPERATIVE COMPLICATIONS OF PERITONITIS.

By Randolph Winslow, A.M., M.D.,

Baltimore, Md.

Professor of Surgery in the University of Maryland.

READ BEFORE THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION AT ITS TWENTIETH
ANNUAL SESSION AT NEW ORLEANS ON DECEMBER 17, 1907.

ONE of the most notable advances in surgery of the past few years has been the treatment of suppurative peritonitis by the postural method, with drainage of the pelvic cavity. By this method a condition that was formerly followed by an enormous mortality has now been robbed of most of its terrors, and recovery after supuration within the peritoneal sac is the rule, rather than the exception. It is not my intention to discuss the treatment of acute suppurative peritonitis, but to call attention to some of the complications following operations for this condition, and to invite discussion as to the manner in which they may be prevented.

Adhesions.—An inherent tendency in peritoneal irritation and inflammation is the production of plastic exudate in greater or less quantity upon the surfaces of the intestines, by means of which they become adherent to each other or to some contiguous structure, and in consequence of which, in not a few instances, there follows an angulation of the gut or a narrowing of its lumen to such a degree that intestinal obstruction is set up, with its dire train of symptoms and its frequently fatal result. The unfortunate patient escapes Scilla, indeed, but only to be wrecked upon the jagged rocks of Charybdis. When the abdominal cavity is opened and the viscera handled an additional traumatism is inflicted, and when tubes or gauze are placed within the peritoneal sac adhesions to a certain extent must occur. Fortunately, these adhesions are not generally followed by bad results, but in the exceptional case serious complications occur.

Intestinal Obstruction.—Intestinal obstruction is the most frequent complication of peritonitis, whether due to the original infection, to the traumatism of the operation, to the irritation of foreign bodies introduced for drainage or to intestinal paresis from sepsis. Intestinal paresis is a potent cause of obstruction, but is one that precedes rather than follows operation for the relief of peritonitis. Post-operative obstruction is generally due to adhesions, causing angulations or kinks in the gut, more frequently than actual coarctation of its lumen. The patient who has been doing well is suddenly seized with cutting pains, tympanites and vomiting, and with an arrest of the downward passage of flatus and feces. When the abdomen is opened there will usually be found adhesions of the intestines at one or more points, sometimes slight in character and easily separated, at other times very extensive and detached with great difficulty, and often leaving raw surfaces, which it may be impossible to cover with peritoneum. Whilst in some cases there

may be an actual constriction by a band, with consequent strangulation, generally the bowel is distended and kinked, and the greater the distention the more acute the kink. These adhesions may be due to the original infection, but are undoubtedly often provoked by the use of gauze or tubes for drainage.

Fowler Position.—Again, is it not probable that the Fowler position favors adhesions and obstruction by causing too great a descensus of the intestines into the pelvic cavity? We indeed cure our patients of the peritonitis, but have them die of obstruction or save them by another operation, so as by fire.

Prevention.—How can we prevent obstruction in these cases? In my opinion, by handling the intestines as little as possible; by removing or repairing the original focus of infection, as a ruptured appendix or perforated viscus, and by avoiding the use of gauze in the peritoneal cavity unless it is enclosed in tubes or rubber protective, and by removing the drains in a shorter time than has been customary with some of us. The acutely inclined posture is invaluable and cannot be dispensed with, but I am inclined to think it may be maintained an unnecessarily long time, and that adhesions of the intestines will be lessened if the patient is placed in the horizontal position at an early rather than a late period. Intestinal paresis favors adhesions; hence peristalsis should be encouraged by the use of appropriate measures as soon as the acuteness of the peritoneal inflammation has subsided. Intestinal peristalsis tends to prevent or limit the formation of adhesions and to cause their disappearance after they have formed.

Large Tubes.—I wish also to call attention to the danger of using large glass or rubber tubes within the abdominal cavity. In one personal case the small intestine in some manner became incarcerated in a large "lamp chimney" tube, causing a genuine strangulated hernia within the tube. This I was fortunately able to release and the patient recovered, but the same accident happened in the hands of a colleague, with a fatal result. Perforated tubes are also dangerous if the fenestrae are large, as there is danger of prolapse of the intestine through these openings, especially if the tube is of large caliber. This accident happened to me in one case, the small intestine passing through two lateral fenestrae into a large-sized rubber tube, and though released an intestinal obstruction resulted, from the effects of which the patient died. I think two or more moderate-sized rubber drainage tubes, split or cut spirally and filled with gauze, and carried to the bottom of the pelvis, are preferable to the rigid glass tubes of large size; or wicks of gauze of any desired size, covered with rubber protective, may be used. One of my colleagues uses a condom with the end cut off and filled with gauze, and finds it very efficacious for pelvic drainage.

Other Complications.—Of course, there are many other post-operative complications of peritonitis, such as vomiting, tympanites, obstipation and pain, which are usually due to paresis from sepsis or to obstruction from adhesions, in the first case requiring gastric lavage and rectal instillation of large quantities of salt solu-

tion, and possibly enterotomy, and in the latter event an early and intelligent interpretation of the symptoms and the release of adhesions, or, if this is impossible or inadvisable, the performance of an enterostomy or anastomosis to side-track the obstructed area.

When the adhesions are extensive it will be better in some cases not to attempt to separate them, as this is often followed by profound shock and frequently by a recurrence of the obstruction, but perform at once an anastomosis, with a contiguous portion of the intestinal tract below the obstruction, or make a temporary fistula, with drainage externally. Fecal fistula may also result from pressure of the drainage tubes or from necrosis of the bowel wall from obstruction of the circulation, and will require appropriate treatment—excision and suture of the opening, or resection of a portion of the gut, with enterorrhaphy. In one case detailed herewith gangrene of a considerable area of the abdominal wall occurred, probably from infection following an enterotomy. In exemplification of the foregoing remarks I beg to append a brief history of two cases that have occurred recently in my hands:

Case 1. Appendicitis and peritonitis, followed by intestinal obstruction from adhesions; operation; cure.

M. P., a fine, healthy-looking girl, 20 years of age, was admitted to University Hospital on June 25, 1907. Five days previously she was taken with acute pain in the right side, soon extending over the entire abdomen, attended with nausea and vomiting. When admitted she had an evident appendicitis, with peritonitis, and was at once subjected to laparotomy, a vertical incision being made through the right rectus muscle. The appendix was ruptured and gangrenous, and a large quantity of foul, greenish-yellow, purulent fluid was found free in the peritoneal cavity. The appendix was removed and two split tubes, filled with gauze, were introduced into the pelvis, and a small quantity of unprotected gauze was also placed between the tubes. An examination of the pus showed it to contain streptococci in abundance. She was placed in the Fowler posture, with the head of the bed acutely elevated, the stomach washed out and rectal instillation practiced. At first she was very ill, but at the end of 48 hours there was marked amelioration of her condition, and she made a satisfactory recovery and was discharged on August 10. She remained well four weeks, when she was taken with cramps in the belly, vomiting and inability to pass flatus or feces. She was readmitted to hospital on September 6 and immediate laparotomy done. There were some adhesions of the small intestine, which were tied off and divided, and she made a good recovery.

Case 2. Appendicitis and peritonitis, followed by extensive adhesions, causing intestinal obstruction; enterostomy, followed by anastomosis, and subsequently resection and enterorrhaphy.

C. M., white male, aged 19 years, was admitted to University Hospital on August 5, 1907. He was a healthy young fellow, an iron worker by trade. On July 29 he was taken with cramps all over his abdomen, with tenderness, nausea and vomiting. He did not enter hospital until a week later, when he had a markedly distended and rigid abdomen, especially in the appendical area, but

without vomiting; temperature 99°, pulse 78, respiration 28. Ice bags were applied and the pain ceased. He was operated on August 8 under ether. An incision through the right rectus muscle revealed an extensive peritonitis, with exudate on the intestines and a large purulent collection within the peritoneal and pelvic cavity. The appendix was gangrenous and ruptured, and was removed, the pus partially evacuated and the pelvic cavity flushed with salt solution, and two large rubber tubes filled with gauze carried to the bottom of the pelvis and the external wound partially closed. He was placed in the Fowler position and did well, there being free drainage, almost no elevation of temperature, notwithstanding the fact that he got up and went to the water-closet on the second day, without permission, of course. He was apparently convalescent, with good appetite, no pain and bowels moving well, when on August 29, three weeks after the operation, he commenced to vomit and complained of severe abdominal pain, with some distention of the abdomen. Gastric lavage and rectal enemata did not stop the vomiting, but did cause a bowel movement. On the 30th an enema of vinegar was given, which produced a fecal discharge 20 minutes later, but did not relieve the pain and vomiting, so on August 31 he was anesthetized and an incision five inches in length was made through the left rectus muscle, as it was thought the obstruction was situated on the left side. The intestines were distended, adherent to the abdominal wall, extensively matted together and densely adherent in the pelvis to the drainage tracks. Collections of pus were also found in the pelvis and about the cecum, and there was a glandular enlargement in the mesentery. It was necessary to puncture the gut and allow its contents to escape, and an accidental opening was also made in separating the adhesions. These openings were closed and the adhesions separated, chiefly by means of gauze pressure. The intestines bled freely and in some places were denuded of peritoneum extensively, which could not be replaced. The abscesses were drained and the patient, now much shocked, was put to bed. The vomiting continued, but the pain ceased, and his condition improved, though neither feces or flatus passed his annus. For some reason the whole area between the two abdominal incisions sloughed, leaving an oblong gap in the belly wall. This dead tissue was cut away and coils of intestines were found lying in the hiatus and adherent to the margins of the wound. The gut was punctured, and a tube introduced and surrounded with a purse-string suture. This drained the bowel, and the vomiting ceased at once and never returned. An external fistula was thus established and subsequently an additional opening formed spontaneously in the exposed intestine, and through these the whole intestinal discharge took place. The patient lost flesh rapidly and became almost a living skeleton. His skin became excoriated by the discharges and his life was very miserable. I tried to close the openings in the bowel, but without success. On September 27 he was anesthetized with ether and I again opened his abdomen by an incision on the right side, and found the intra-abdominal condition better than I had expected. I was able to attach the small intestine to the transverse

colon with a Murphy button, and then closed the fistulous openings. The intestines were still very adherent, and suppurating cavities still remained within the abdomen. He was now freely fed with milk and eggs and improved some, but the fistulae did not close, and whilst he had bowel movements from the rectum, a large portion also came through the openings and caused much distress. The open space in the abdominal wall gradually contracted and the abscess cavities healed, and on November 15 I again opened his abdomen and found the adhesions largely absorbed, and I was able to loosen the intestines from each other and the abdominal wall. During this procedure the intestine was torn and I resected six or eight inches of small intestine, and restored the continuity of the tube by a lateral anastomosis, and closed the other fistulous opening by suture. I was also able to close the gap in the abdominal wall without great tension. He had no unfavorable reaction from this operation, his highest temperature being about 99° ; the sutured intestines united and his condition at once improved. Small quantities of albumen were allowed in 48 hours and gradually increased. Milk, soft eggs and soft toast were soon added, and free alvine evacuations took place in a normal manner, and he began to put on flesh and to look less like a skeleton. He has since been able to return to his home in a very much improved condition.

WORLD-WIDE APPEAL TO PHYSICIANS.

AN international league of total abstinence medical men was organized at the Eleventh International Anti-Alcohol Congress, held at Stockholm last year. The league recently has issued an appeal to physicians in all lands and of all tongues urging their co-operation to deliver the peoples from alcoholism. The appeal urges all physicians to sign a petition entitled: "Appeal from the physicians of all countries to governments, rulers, legislators, teachers, clergymen and all who have the welfare of the present and future generations at heart. We, who are members of the medical profession and by our studies peculiarly qualified to recognize and appreciate the nature and the action of alcoholic drinks, do declare it as our settled conviction that these drinks are entirely unnecessary and extremely injurious, so that the evils resulting from the drinking of alcoholic beverages should and must be prevented and exterminated. Above all, the young should be educated in every possible way and by example and be protected by legislation, so that they may learn to refrain from alcoholic beverages. This must be done in order to promote and ensure the happiness, welfare and progress of the nations." The appeal is signed by Holitscher of Pirkenhammer, Santesson of Stockholm, Ridge of Enfield, Laitinen of Helsingfors, Olrik of Frederiksvaerd, Stein of Budapest and Vogt of Christiania, and they ask every physician willing to co-operate to send his name and address to the secretary of the league, Dr. Holitscher, Pirkenhammer bei Karlsbad, Bohemia, so that his name can be added to the petition. The appeal is published in German in the *Allg. med. Central-Ztg.*, March 21.—*Journal American Medical Association.*



PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

ALEXIOUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

\$50,000

TO BE RAISED BY APRIL 30, 1908

“Watch It Grow”

	1st Wk.	2d Wk.	3d Wk.	4th Wk.	Totals
Theatre Benefit.					\$553.75
April	\$115				
March.....	\$395	\$240	\$553	\$255	\$1,443.00
February	\$236	\$444	\$310	\$100	\$1,090.00
January.....	\$100	\$270	\$615	\$1,515	\$2,500.00
December.....	\$105	\$145	\$175	\$165	\$590.00
November	\$451	\$1,001	\$300	\$265	\$2,023.00
October	\$480	\$195	\$280	\$245	\$1,200.00
Subscriptions to October, 1907					\$4,273.00
Aaron Friedenwald Fund					\$1,540.47
Osler Fund.....					\$19,150.00
Value of Present Realty.....					\$15,000.00

THE TRIMBLE LECTURESHIP.

THERE is a general feeling among the friends of the late Dr. Isaac Ridgeway Trimble that there should be in Baltimore some suitable memorial of this remarkable man, whose beneficent influence was so widely felt.

There could be no more fitting monument to his memory than the foundation of a permanent lectureship which should provide for the delivery, at stated intervals, of one or more lectures by distinguished investigators or practitioners in the field of medical science or art.

It has accordingly been suggested that a fund be established for the endowment of such a lectureship. This endowment should be sufficient to yield a sum which would make it possible to invite, as lecturers, men of distinction from all parts of the world. It is desirable that the lecture should be delivered annually, biennially or triennially.

When the sum reaches a sufficient size, it is proposed to offer it to the Medical and Chirurgical Faculty of Maryland for the purpose of founding a permanent lectureship, to be called the "Trimble Lectureship," with the request that the Trimble Lecture or Lectures be delivered in Baltimore before the Faculty at its annual meeting or at some other time to be agreed upon. In this manner the name of this noble man, who exemplified, as few have, that which was highest and purest and best in life, will be forever associated with the progress of the art which he so dearly loved.

It is believed that there are in this community many who will gladly welcome the opportunity to join in contributing to such a memorial, and all contributions, however small, will be welcome. It would have been peculiarly gratifying to him to know that such a memorial were to come, not from a few large, solicited contributions, but from the small and voluntary gifts of those who owe their lives, their happiness or their success to his skill and inspiration.

Subscriptions to the endowment fund of the Trimble Lectureship may be sent to Messrs. Alexander Brown & Sons, Baltimore and Calvert streets.

L. McLANE TIFFANY,
OSCAR G. MURRAY,
CHARLES O'DONOVAN,
JOHN C. DAVES,
JOHN RUHRÄH,

ALEXANDER BROWN,
HIRAM WOODS,
LAWRASON RIGGS,
FRANK MARTIN,
W. S. THAYER.

COUNTY MEDICAL SOCIETY MEETINGS.

THE regular meeting of the Anne Arundel Medical Society was held April 14 at Hotel Maryland parlors. The following members of the Society were present: Dr. H. B. Gantt, president, of Millersville; Dr. Thomas H. Brayshaw, Glen Burnie; Dr. O. H. McNemar, Odenton; Dr. F. H. Thompson, Dr. Walton H. Hopkins, Dr. J. Oliver Purvis and Dr. Louis B. Henkel, Jr., of Annapolis.

After the transaction of routine business there was some discussion on technical subjects. Dr. Brayshaw extended the Society an invitation to meet in social session at his home—"Bachelors' Joy," Glen Burnie, on May 18. The meeting adjourned shortly after noon and the physicians lunched at Hotel Maryland.

THE Allegany County Medical Society has held meetings every Wednesday in April in conformity with the plan for post-graduate work. At the meeting on April 15 two new members were admitted, and two suspended for non-payment of dues. There are 37 physicians enrolled in the society.

THE Calvert County Medical Society held a meeting on April 14, at which Dr. T. M. Chaney read a paper on "The therapeutic uses of the normal salt solution." The attention of the society was called to the three amendments

to the Constitution of the Medical and Chirurgical Faculty that have been proposed, and it was decided that Dr. Philip Briscoe, the county delegate, should use his own discretion in voting upon them. The meeting was well attended.

THE Cecil County Medical Society held its annual meeting on April 16, at Elkton. Presidential address by Dr. R. M. Black, "The Cecil County Medical Society; our duty toward it, and benefits to us." Dr. H. L. Rich of Port Deposit read a paper on "Rural sanitation and the public health of towns and cities."

The following officers were elected:

President, Dr. Howard Bratton, Elkton.

Vice-President, Dr. J. J. Wright, Warwick.

Secretary and Treasurer, Dr. C. P. Carrico, Cherry Hill.

Delegate, Dr. George S. Dare, Rising Sun.

There are 24 members in the society.

THE Howard County Medical Society held its regular meeting on Tuesday, April 7, at the Howard House, Ellicott City. The following officers were elected for the ensuing year:

President, Dr. W. W. Cissel, Highland.

Vice-President, Dr. W. C. Stone, Ellicott City.

Secretary and Treasurer, Dr. F. O. Miller, Ellicott City.

The society has decided to hold regular meetings throughout the summer until October in order that more benefit could be derived by the members and greater interest developed. It was unanimously agreed to elect the pharmacists and dentists of the county as honorary members of the society in order that better understanding might be developed among the allied professions to their mutual benefit.

Dr. J. W. Lacy reported an interesting case of albuminuric retinitis, which was followed by a general discussion. There were twelve members present.

THE Kent County Medical Society met March 31, 1908, in Chestertown. The following officers were elected for the ensuing year:

President, G. I. Barwick, Kennedysville.

Vice-President, Wm. S. Maxwell, Still Pond.

Secretary and Treasurer, H. G. Simpser, Chestertown.

Dr. W. F. Hines was elected delegate to the state society which meets in Baltimore in April. The next meeting will be held in Betterton Thursday, July 16th, at which time the Cecil and Harford Societies will be the guest of the Kent Society. Officers of the State Society will be present and timely topics will be discussed.

THE Montgomery County Medical Society met at Rockville on April 21, and appointed a committee to investigate a plan for a hospital under the management of the Medical Association. Officers were elected as follows:

President, Dr. Charles Farquhar, of Olney.

Vice-President, Dr. O. M. Linthicum, of Rockville.

Secretary and Treasurer, Dr. John L. Lewis, of Bethesda.

Censors, Drs. William L. Lewis, of Kensington; O. M. Linthicum, of Rockville and H. B. Haddox, of Gaithersburg.

Dr. Deets was chosen to represent the county at the meetings of the State Medical Association the next two years, and Dr. Upton D. Nourse, of Darnestown, was chosen alternate.

An address on tuberculosis was made by Dr. George Sternberg, Surgeon-General United States Army, (retired).

Other papers were, "The relation of medical science to society," by Dr. J. E. Deets, and "The physiological, pathological and therapeutical influence of the mind on the body," by Dr. W. E. Magruder.

MINUTES OF THE SEMI-ANNUAL MEETING OF THE BALTIMORE CITY MEDICAL SOCIETY.

THE semi-annual meeting of the Baltimore City Medical Society was called to order by the President, Dr. Wilmer Brinton, at 8.35 P. M., April 7th, 1908.

Dr. George J. Preston read a paper on "Medical expert testimony" from the medical standpoint. Owing to the absence of Mr. George D. Penniman, who was expected to speak on the legal standpoint, Dr. Joseph C. Bloodgood was next called upon to read his paper in relation to injuries from the surgical standpoint.

Mr. William Colton gave an extremely interesting talk on the "Hypothetical question," of which he is a strong advocate.

Dr. N. G. Keirle opened the medical discussion and took the opportunity to speak of the present coronor's system in vogue in Baltimore, which he considers far in advance of that adopted in some other cities, where there is one medical examiner and the coroners are laymen and not physicians. He thinks the latter method is susceptible to political influences and that the Maryland system guarantees a speedy trial and insures justice.

The report of Dr. D. W. Cathell in behalf of the Auditing Committee, of which Dr. H. H. Biedler was the other member, that the Treasurer's report had been audited and found correct as follows:

REPORT OF TREASURER, BALTIMORE CITY MEDICAL SOCIETY.

Receipts.

Dues 1907 and membership fees.....	\$3110.00
Dues in advance 1906.....	685.00
Total.....	\$3795.00

Expenditures.

Deficit January 1, 1907.....	\$140.05
Med. and Chi. Faculty dues etc.....	3328.00
Print. Bul. Sect. Meet.....	\$56.50
Postage Bul. Sect. Meet.....	46.00
Clerical assistance.....	180.00
Bill heads, envelopes etc.....	25.75
Commission on col. bills.....	22.30
Postage on col. bills.....	35.50
Return of membership fee.....	3.00
	<hr/>
	369.05
Total.....	\$3837.10
Deficit.....	<hr/>
	\$42.10

Dr. J. A. Chatard offered the following resolutions:

The Baltimore City Medical Society heartily endorses the Cherry Ordinance, now before the First Branch of the City Council, as regards its control of the milk supply, and especially endorses that part of the same giving the power of enforcement of the Ordinance to the City Health Department.

The Secretary was instructed to send copies to the various papers.

Dr. Charles Brack, Chairman of the Board of Censors, made the following report:

The Board of Censors reports fourteen applications received. All of which have been passed and are now submitted to you for your vote. If you have any reasonable objections to any of the proposed members you will cancel the name on the list. It requires a two-thirds vote to elect.

The Board of Censors regrets that we find it necessary to report at this time an ever increasing dissatisfaction among the members of our fraternity. We deplore that there is a progressive tendency to disregard that courtesy among physicians, which has been a characteristic of the medical profession of the State of Maryland.

This disregard of the principles of medical ethics is not confined to the men more recently admitted to our ranks and in whom it might be excused on account of unfamiliarity with the code, but it is charged more especially against those, who by their position should be our leaders and whose ethical conduct should be an example to the younger men. It cannot be attributed to ignorance here but to either carelessness or a cold blooded disregard of both the rights and feelings of the fellow practitioner. That such sharp practices have a tendency to disturb the harmony of our society and engender a feeling of resentment against those who should lead us by their actions and example, is obvious. While the Board of Censors is not in position to take up the investigation of such charges unless presented in writing setting forth the facts and details properly witnessed, yet in view of the many instances of such infractions of the code, which are constantly poured into our ears, we feel that it is incumbent upon us to sound a note of warning.

We often hear the remark that to call in a consultant at times means losing the case. Not only is the regular attendant dropped from the case without ceremony, but in some instances the case is subsequently referred to a friend or associate of the consultant.

An observance of the principles of medical ethics requires only the exercise of that courtesy which one gentleman owes another. Specific instructions are, however, given in articles two, three and four of the code. The language is clear and concise and permits of no misconstruction. Another flagrant disregard of our code refers to Article 1, Section 8, which treats of patents and secret nostrums. We are aware that a number of our members, either secretly or openly are engaged in the manufacture and sale to druggists of certain medicines manufactured from private formulas, described as cures or *antis*. Others have a private understanding with some one druggist regarding the prescribing of some one formula or some pharmacopeia preparation by a name known only to the prescriber and the druggist in question. This compels the patient to patronize this particular druggist or compels other druggists to buy of him this preparation at an advanced price.

This is but another instance of commercialism, which lowers the standing of the profession and helps to rob us of the respect of the community. The other druggist does not hesitate to enlighten the patron as to the true status of affairs.

Hereafter there will be presented to each newly elected member of our society a copy of the Principles of Medical Ethics as published by the American Medical Association, and we strongly recommend that the prin-

ciples of medical ethics and medical economics be taught in the regular curriculum of our medical colleges.

An attendance upon these lectures we believe would be of advantage not only to the students, but sometimes to their teachers as well.

The following amendments to the Constitution and By-Laws were adopted:

AMENDMENTS TO CONSTITUTION.

ARTICLE V. OFFICERS.

The officers of this Society shall consist of a President, Vice-President, Secretary, Treasurer, Delegates and Board of Three Censors. These officers, except the Delegates and Board of Censors, shall be elected annually. Delegates shall be elected for two years, and in accordance with the Constitution and By-Laws of the Medical and Chirurgical Faculty of Maryland. One member of the Board of Censors shall be elected each year to serve for three years, provided that at the first election after the adoption of this Constitution one member of the Board shall be elected for one year, one for two and one for three years.

Amend as follows:

Strike out the words "Delegates shall be elected for two years, and in accordance with the Constitution and By-Laws of the Medical and Chirurgical Faculty of Maryland" and substitute therefor the following: Delegates, the number to be in accordance with the Constitution and By-Laws of the Medical and Chirurgical Faculty of Maryland, shall be elected for the term of two years; provided that, at the annual meeting of 1909 the number of delegates to be chosen shall be equally divided, and one-half thereof elected for a short term of one year and one-half for the full term of two years, and, that thereafter, at each annual meeting, delegates, to fill vacancies caused by expiration of term or by reason of increase in the number to which the Society is entitled, shall be elected for the regular term of two years.

Any member of the Society who holds an office in the Medical and Chirurgical Faculty of Maryland that entitles him to a seat in the House of Delegates of said Faculty shall be ineligible to election as a delegate, and, any regularly elected delegate who shall during his term of office be elected or appointed to any position in said Faculty which entitles him to a seat in the said House of Delegates shall, by virtue of that fact, relinquish his office of delegate from this Society.

Vacancies in the list of delegates occurring in this way or through resignation or death shall be filled by the President appointing some member to serve until the next annual meeting of the Society, when the vacancy shall be filled by election of a delegate for the unexpired term.

AMENDMENTS TO BY-LAWS.

CHAPTER I. MEMBERSHIP.

Section 2. A candidate for membership shall make application in writing and shall state his age, his college and date of graduation, the place in which he has practiced, and the date of registration in this State. The application must be accompanied by the annual dues of seven dollars for one year in advance, and must be endorsed by two members of this Society. It shall be referred to the Board of Censors, who shall inquire into the standing of the applicant, assure themselves that he or she is duly registered according to the laws of the State, and report at the next regular meeting of this Society. Election shall be by ballot, and two-thirds of the votes of the members present and voting shall be necessary to elect. The application shall be returned to the Secretary, who shall file it for future reference. Application for membership from rejected candidates shall not be received within six months of such rejection.

Amend as follows:

Strike out the word "seven" and insert in the place thereof the word "ten."

Section 5. A member in good standing, who is free from all indebtedness to this Society, and against whom no charges are pending, wishing to withdraw, shall be granted a transfer card. This card shall state the date the member associated himself with this Society, the date of issuance of the card, and shall be signed by the President and Secretary. It shall be accompanied with a copy of the application presented at the time the member joined the Society, for information to the Society to which the member desires to attach himself.

Amend as follows:

Insert after the word "withdraw," the words "may be permitted to resign, or"

CHAPTER 4. COMMITTEES.

Add as follows:

Section 5. The President and Secretary shall be ex-officio members of all Committees.

CHAPTER 5. DUES.

Section 1. The annual dues shall be seven dollars and shall be payable in advance on January first of each year. Any member who shall fail to pay his annual dues by April 1st, shall be held as suspended without action on the part of the Society. A member suspended for non-payment of dues shall be restored to full membership on payment of all indebtedness. Members more than one year in arrears shall be dropped from the roll of members.

Amend as follows:

- a. Strike out the word "seven" and substitute therefor the word "ten."
- b. By adding: "and to secure re-admission such persons must comply with all the requirements for the admission of new members, as provided in Chapter 1, Sec. 2, of the By-Laws, and shall, in addition, pay the amounts due the Society at the time their former membership was allowed to lapse."

CHAPTER 9. AMENDMENTS.

These By-Laws may be amended at any regular meeting by a two-thirds vote therefor, provided that such amendment has been read in open session at the preceding regular meeting and a copy of the same has been sent to each member by the Secretary ten days in advance of the meeting at which final action is to be taken.

Amend as follows:

Strike out the entire chapter and substitute: "These By-Laws may be amended by a two-thirds vote of the members present at any regular meeting, provided that such amendment or amendments are not in conflict with the laws and regulations of the Medical and Chirurgical Faculty; provided, also, that such amendment shall have been read in open session at a previous regular meeting and shall have been sent by mail to each member, ten days in advance of the meeting at which final action is to be taken."

Dr. J. C. Bloodgood moved that the Secretary be instructed to write to Mr. W. Colton thanking him for his interesting address.

Dr. H. Woods moved that a copy of the amended Constitution be printed and sent to each member. It was carried.

PROPOSED AMENDMENT TO BY-LAWS.

CHAPTER I, SECTION 7. MEMBERSHIP.

Any physician who shall procure a patent for a remedy or instrument, or who sells or deals in patent medicines or nostrums, or who shall enter into an agreement with an apothecary, optician or other supply store to receive pecuniary compensation or patronage for sending his patients or prescriptions to that apothecary, optician or other supply store, shall be disqualified from becoming or remaining a member.

The holding of shares of stock in a company making or dealing in patented or secret medicines, or the using of their products when prescribing, by which means ultimately receiving a share in the profits of the said com-

pany, is therefore incompatible with membership in the Baltimore City Medical Society.

It shall be the duty of the Board of Censors to examine into and act upon any charges that may come to its notice without waiting for the formal notice of said charges to be made in writing.

The following physicians were elected members:

Bernheim, B. M., Madison avenue and Bloom street.
Burch, B. M., Carrollton and Lafayette avenues.
Burrow, Trigrant, 208 East Chase street.
Carroll, Albert Hynson, "Evergreen," Hampden.
Carswell, Walter S., 2 West 25th street.
Hill, Eben Clayton, 2120 North Charles street.
Hill, William N., 508 West Mulberry street.
Hoag, J. Morley, 721 Columbia avenue.
Kelly, Katharine DeS., 2143 Pennsylvania avenue.
Perkins, Edgar Shirley, University Hospital.
Pessagno, Eugene L., St. Joseph's Hospital.
Shipley, Arthur M., University Hospital.
Willey, Waitman T., 2129 St. Paul street.
Wroth, Peregrine, Jr., 215 East Preston street.

The meeting adjourned.

MEMBERSHIP BALTIMORE CITY MEDICAL SOCIETY.

1908.

Abel, John J., Station L, Charles Street avenue.
Abercrombie, John Robert, 827 North Eutaw street.
Abercrombie, Roland Taylor, 4 East Preston street.
Adams, Frank B., 2124 St. Paul street.
Adams, James Fred, 1314 North Charles street.
Adler, Harry, 1804 Madison avenue.
Ahroon, Carl H., 1621 Linden avenue.
Algire, Harry Cairnes, 840 Roland avenue.
Allen, Louis M., 814 Park avenue.
Amberg, Samuel, 1220 Linden avenue.
Arthur, Harry H., 1516 Lexington street.
Ashbury, Howard Elmer, The Walbert.
Ashby, Thomas A., 1124 Madison avenue.
Athey, Caleb Noble, 2 Hudson street extended.
Atkinson, A. Duval, 921 North Charles street.
Baer, William Stevenson, 714 Park avenue.
Baetjer, Frederick Henry, 714 Park avenue.
Baldwin, Silas, 700 West Lafayette avenue.
Ballard, Edwin Kemp, 1622 Mt. Royal avenue.
Barker, Llewellys Franklin, 6 East Franklin street.

- Barnes, William M., 1525 West Lanvale street.
Barrett, Arthur G., 1631 Madison avenue.
Baxley, Henry Minifie, 1126 West North avenue.
Beach, Leonard E., 857 West Fayette street.
Beck, Harvey G., 214 East Preston street.
Beck, J. Charles, 1301 Patterson Park avenue.
Belt, Samuel Jones, 1516 East Preston street.
Berkeley, Henry J., 1305 Park avenue.
Bernheim, B. M., Belleview Apartments.
Bevan, Charles Frederick, 807 Cathedral street.
Biedler, Hamson Hubert, 119 West Saratoga street.
Bishop, John S., 803 North Eutaw street.
Blake, Charles French, 1523 East Baltimore street.
Blake, Herbert C., 1014 West Lafayette avenue.
Blake, John D., 1014 West Lafayette avenue.
Blake, Robert L., 2018 West North avenue.
Blaney, William J. F., 110 South Gilmor street.
Bloodgood, Joseph Colt, 904 North Charles street.
Blum, Joseph, 1816 Madison avenue.
Bolgiano, Walton, 2020 North Charles street.
Bolton, John Henry, 1201 North Broadway.
Bond, Allen Kerr, 849 Park avenue.
Bond, Summerfield Berry, 6 West Read street.
Booker, William D., 208 West Monument street.
Bordley, James, Jr., 330 North Charles street.
Bosley, James, The Severn.
Brack, Charles Emil, 500 East 20th street.
Braecklein, Alfred H., 1422 Hanover street.
Branham, Henry George, 2200 Eutaw place.
Branham, Joseph Henry, 2200 Eutaw place.
Branin, Charles N., 400 Hanover street.
Brent, Hugh, 2124 Maryland avenue.
Bressler, Frank C., 125 South Broadway.
Brewster, Joseph Hall, 2124 Maryland avenue.
Brinton, Wilmer, 1232 North Calvert street.
Brown, Francis Edward, 926 East Eager street.
Brown, Thomas Richardson, 17 West Biddle street.
Browne, Bennet Bernard, 510 Park avenue.
Browne, Jennie Nicholson, 510 Park avenue.
Brülle, Herman, 13 West Hill street.
Bruns, Robert Martin, 1401 Park avenue.
Bubert, Charles H., 1100 West Lafayette avenue.
Buck, Jeffries, 2844 St. Paul street.
Buckler, Humphrey Warren, 806 Cathedral street.
Buckler, Thomas H., 1201 St. Paul street.
Buckner, Charles Teackle, 1337 East North avenue.
Burch, William Baltzell, 828 North Carrollton avenue.
Burke, William L., 3042 Hudson street.
Burnam, Curtis Field, 1418 Eutaw place.
Burrow, Trigant, Johns Hopkins Univ., Box 76.

- Butler, John Camp, 1809 North Charles street.
Buxton, Gilbert F., 222 East Cross street.
Byers, William E., 1715 West Lexington street.
Cairnes, George Henry, 21 West 25th street.
Cannon, Thomas Harris, 401 North Fulton avenue.
Carman, Richard Perry, 1701 North Caroline street.
Carpenter, Frances A., Belleview-Manchester.
Carroll, Albert Hynson, "Evergreen," Hampden.
Carroll, James Joseph, 330 North Charles street.
Carswell, Walter S., 2 West 25th street.
Caruthers, Frederick, 2229 East Baltimore street.
Caspari, William, 1603 Madison avenue.
Cathell, Daniel Webster, 1308 North Charles street.
Cathell, William Thackeray, 1308 North Charles street.
Chambers, Albert T., 614 South Paca street.
Chambers, John Wesley, 18 West Franklin street.
Chatard, Joseph Albert, 5 West Chase street.
Chew, Samuel Claggett, 3 Midvale road, Roland Park.
Chisholm, Francis Miles, 114 West Franklin street.
Chunn, William P., 1023 Madison avenue.
Clapp, Clyde A., 435 East Fort avenue.
Clarke, Sydenham Rush, 330 East 25th street.
Clewell, Augustus A., 1741 Harford avenue.
Cohen, H. M., 1607 East Baltimore street.
Cohen, Lee, 1622 Madison avenue.
Cole, John Wesley, 735 North Fulton avenue.
Cole, Rufus Ivory, 6 East Franklin street.
Cone, Claribel, The Marlborough.
Cone, Sydney Milton, 2326 Eutaw place.
Conser, Charles Carlisle, 1424 North Fulton avenue.
Cook, Carlton Myron, 1101 West Lanvale street.
Cooke, Theodore, 914 North Charles street.
Cooke, Theodore, Jr., 1808 North Charles street.
Cordell, Eugene Fauntleroy, 257 West Hoffman street.
Cotton, Albertus, 1828 East Baltimore street.
Craighill, James M., 1730 North Charles street.
Cromwell, Martin John, 330 North Charles street.
Crouch, J. Frank, 412 Cathedral street.
Cullen, Thomas Stephen, 3 West Preston street.
Cushing, Harvey Williams, 107 East Chase street.
Dabney, William Minor, 330 North Charles street.
Dashiell, Nicholas Leeke, 1129 West North avenue.
Davis, Charles R., 923 North Carrollton avenue.
Davis, Hoagland Cook, 819 Park avenue.
Davis, John Staige, 1228 North Calvert street.
Davis, Samuel Griffith, 1230 Light street.
Dawson, Percy Millard, 109 North Broadway.
Deetjen, Christian, 21 West Franklin street.
Delevett, James M., 621 Columbia avenue.
Demarco, Salvatore, 1604 Linden avenue.

Dickey, Ezra A., 14 North Monroe street.
Dobbin, George W., 56 West Biddle street.
Dohme, Gustavus Charles, 1808 Guilford avenue.
Douglas, Eugene, 830 West North avenue.
Duane, George L., 721 North Eutaw street.
Duker, Otto H., 928 East North avenue.
Dunott, Daniel Z., 1312 North Charles street..
Earle, Samuel T., 1431 Linden avenue.
Eastman, Lewis Machen, Jr., 1505 Edmondson avenue.
Ebaugh, Irvin, 1701 Pennsylvania avenue.
Edmunds, Page, 1513 Edmondson avenue.
Eilau, Emanuel W., 1908 Madison avenue.
Ellis, A. Lee, 922 Madison avenue.
Emerson, Charles Phillips, Johns Hopkins Hospital.
Emmart, Hattie Frist, 817 North Fremont avenue.
Erkenbrack, Clarence Phillip, 1412 Light street.
Fayerweather, Roades, 827 Hamilton terrace.
Feddeman, William H., corner Chestnut and First avenues.
Fenby, Edwin B., 1219 North Caroline street.
Fenton, James M., 700 East Chase street.
Finney, John Miller Turpin, 1300 Eutaw place.
Fischer, John S., 9 East Biddle street.
Fisher, William Alexander, Jr., 715 Park avenue.
Fiske, John Dwinelle, 51 South Gay street.
Fleckenstein, Harvey K., 1400 Hollins street.
Fleming, George A., 1018 Madison avenue.
Flinder, Harris C., 1119 East Baltimore street.
Follis, Richard Holden, 3 East Read street.
Ford, William W., 209 East Mt. Royal avenue.
Forsythe, Hugh, 424 East North avenue.
Frames, William Wayland, 701 Cathedral street.
France, J. William, 1407 North Gay street.
Franklin, Charles Mayer, 330 North Charles street.
Franks, H. Lee, 1228 South Charles street.
Freedom, Adolf G., Fayette and Exeter streets.
Freeman, Elmer Bert, 623 Columbia avenue.
Friedenwald, Harry, 1029 Madison avenue.
Friedenwald, Julius, 1013 North Charles street.
Fulton, John S., 2211 St. Paul street.
Funk, J. William, 1631 Eutaw place.
Futcher, Thomas Barnes, 3 West Franklin street.
Gabriel, Calvin Newton, 2402 St. Paul street.
Gaddess, Harry W., 2631 Greenmount avenue.
Gaither, Abram Bradley, 111 North Charles street.
Gale, Henry E., 260 West Hoffman street.
Gamble, Cary Breckenridge, Jr., 26 West Biddle street.
Gardner, William Sisson, 6 West Preston street.
Garrison, Joseph S., 848 West North avenue.
Garrison, W. Miles, 1257 North Broadway.
Gately, Joseph Edward, 111 South Broadway.

Gavin, Frank Denton, 16 East Lafayette avenue.
Geraghty, John T., 330 North Charles street.
Getz, Charles, 1111 West Lanvale street.
Gibbons, Edward Englar, 1102 West Lafayette avenue.
Gibbs, Edmund Cantwell, 316 East North avenue.
Gichner, Joseph Enoch, 1516 Madison avenue.
Gilchrist, Thomas Casper, 330 North Charles street.
Gillis, Andrew Colin, 1519 North Caroline street.
Girdwood, John, 102 East 25th street.
Glantz, Frank A., 41 Eastern avenue extended.
Goldbach, Leo John, 2217 East Pratt street.
Goldsborough, Francis C., 23 West Chase street.
Gombel, William G., 1704 Madison avenue.
Gorsuch, Harry Kepler, 207 North Liberty street.
Gorsuch, Howard Stanley, 501 East 22d street.
Gorter, Nathan Ryno, 1 West Biddle street.
Graham, George Rose, 725 Columbia avenue.
Green, William, 1124 North Charles street.
Greenbaum, Harry S., 1614 Eutaw place.
Grimes, John H., 114 East 21st street.
Grimes, Samuel Butler, 101 Longwood road, Roland Park.
Gross, Harry, 909 Cathedral street.
Grove, Benjamin Frank, 1302 North Caroline street.
Hachtel, Frank W., 2020 McCulloh street.
Hahn, Henry J., Irvington.
Hall, William S., 716 Park avenue.
Halsted, William Stewart, 1201 Eutaw place.
Hamburger, Louis P., 1210 Eutaw place.
Hamman, Louis Virgil, 21 West Franklin street.
Hammerbacher, George Herman, 835 Light street.
Harlan, Herbert, 516 Cathedral street.
Harris, Charles C., 925 Cathedral street.
Harris, John Clements, 773 West Lexington street.
Harrison, Archibald Cunningham, 31 East North avenue.
Hartman, George A., 1121 North Caroline street.
Hartman, Jacob H., 5 West Franklin street.
Hartman, James H., 1003 West Lanvale street.
Hayden, Benjamin S., 1216 North Caroline street.
Hayden Holliday H., 1425 Light street.
Hayes, R. B., 2535 St. Paul street.
Hayward, Eugene H., 1230 North Caroline street.
Hazen, H. H., 1421 Park avenue.
Hazlehurst, Franklin, Jr., 2112 St. Paul street.
Heard, Joseph E., 202 Aisquith street.
Hebb, Arthur, 2011 East Pratt street.
Heck, John J., 936 East Monument street.
Heldrich, Philip, 2151 Wilkins avenue.
Hemmeter, George W., 800 Harlem avenue.
Hemmeter, John C., 1734 Linden avenue.
Hempel, John Frederick, 1103 Valley street.

- Herring, Arthur P., 330 North Charles street.
Herrmann, Frederick Henry, 1638 Canton avenue.
Hill, Eben Clayton, 2120 North Charles street.
Hill, William N., 508 West Mulberry street.
Hirschfelder, Arthur Douglas, 2243 Linden avenue.
Hirsh, Jose Louis, 1819 Linden avenue.
Hirshberg, Leonard Keene, 1937 Madison avenue.
Hoag, J. Morley, 721 Columbia avenue.
Hobelmann, Frederick William, 1908 West Baltimore street.
Hoffman, Robert, 1325 Park avenue.
Holland, Joseph W., 1530 Linden avenue.
Hollyday, Joseph G., 714 Frederick avenue.
Homer, H. L., Union Protestant Infirmary.
Hood, M. Bowman, 604 North Gilmor street.
Hooker, Donald R., 31 East Mt. Vernon place.
Hoopes, Fannie E., 906 North Calvert street.
Hopkinson, B. Merrill, 330 North Charles street.
Horn, August, St. Paul and 25th streets.
Houck, Henry Christopher, 1922 Pennsylvania avenue.
Houff, John, 15 North Monroe street.
Howell, William H., 232 West Lanvale street.
Huck, John G., 647 West Lafayette avenue.
Hughes, Singleton Bernard, 705 George street.
Hundley, John Mason, 1009 Cathedral street.
Hunner, Guy LeRoy, 2305 St. Paul street.
Hurd, Henry Miles, Johns Hopkins Hospital.
Hurdon, Elizabeth, 1315 North Charles street.
Hyde, Harry C., 1024 East North avenue.
Iglehart, James Davidson, 211 West Lanvale street.
Iglehart, J. Howard, 539 North Carrollton avenue.
Iglehart, Nathan Edmondson Berry, 16 West Preston street.
Ingle, Joseph Lowrie, 1007 West Lanvale street.
Jacobs, Henry Barton, 11 West Mt. Vernon place.
Janney, Francis W., 327 North Charles street.
Janney, O. Edward, 825 Newington avenue.
Jay, John G., 869 Park avenue.
Jeffers, John G., 413 North Carrollton avenue.
Johnson, Robert W., 101 West Franklin street.
Johnston, Richard Hall, 919 North Charles street.
Johnston, Samuel, 204 West Monument street.
Jones, Caspar Frank, 1744 West North avenue.
Jones, C. Hampson, 2515 St. Paul street.
Jones, Howard W., 1296 Frederick avenue.
Kahn, Howard, 2027 West Pratt street.
Kahn, Samuel, 1510 Fort avenue.
Keidel, Albert, 4 West Eager street.
Kierle, Nathaniel Garland, 1419 West Lexington street.
Keller, Charles J., 222 West Monument street.
Kelly, Howard Atwood, 1418 Eutaw place.
Kelly, Katherine DeSales, 2143 Pennsylvania avenue.

- Kelly, Vernon F., 405 Falls road.
Kennard, Henry Waters, The Winona.
Keown, Thomas William, 1938 Linden avenue.
Kerr, Eugene, 408 Woodlawn road, Roland Park, Md.
Kieffer, George S. M., 1414 Mt. Royal avenue.
King, John Theodore, 1425 Eutaw place.
Kintzing, Pearce, 1823 North Charles street.
Kirby, Francis John, 110 East North avenue.
Knapp, Hubert Clement, 1214 East Preston street.
Knell, W. A., Irvington.
Knight, Louis William, 414 North Greene street.
Knipp, Harry Edward, 1002 West Lanvale street.
Knorr, Ernest A., 1727 West Lombard street.
Knox, James Hall Mason, Jr., 804 Cathedral street.
Krozer, John J. R., 662 West Lexington street.
La Barre, John Pollard, 1903 West North avenue.
Lang, John Frederick, 933 West Fayette street.
Larned, Charles Willis, 1327 Park avenue.
Laroque, Herbert E., 2040 East Pratt street.
Latimer, Caroline Wormeley, 25 West Chase street.
Law, Sally Porter, 843 North Eutaw street.
Lazenby, Maurice, 721 West North avenue.
Lehnert, Ernest Charles, 1419 East Eager street.
Lennan, Alvin B., 742 North Patterson Park avenue.
Leopold, Eugene J., 803 Park avenue.
Lewis, Howard Davis, 38 West 25th street.
Lewis, William Milton, 1220 Linden avenue.
Likes, Sylvan H., 1134 Linden avenue.
Linthicum, George Milton, 330 North Charles street.
Litsinger, Glenn M., 212 West Franklin street.
Lloyd, L. L., 639 Franklin street.
Lockard, George Carroll, 1621 West Lafayette avenue.
Lockwood, William F., 8 East Eager street.
Long, Oscar L., 2429 Fait avenue.
Lord, Jere Williams, 1011 North Charles street.
Love, William S., 836 West North avenue.
Luetscher, John Arthur, 1025 Madison avenue.
Lumpkin, James C., 653 Columbia avenue.
Lumpkin, Thomas Morgan, 602 South Paca street.
Lynch, James Madison, N. W. cor. Valley and Preston streets.
McAvoy, Michael J., 839 South Canton street.
MacCallum, William George, Johns Hopkins Hospital.
MacCalman, Duncan, 1102 Madison avenue.
McCarty, Harry Downman, 422 North Carrollton avenue.
McCleary, Standish, 1609 Linden avenue.
McConachie, Alexander Douglas, 805 North Charles street.
McCormick, Thomas Pugh, 1421 Eutaw street.
McCrae, Thomas, 807 St. Paul street.
McDevitt, Edward P., 208 Aisquith street.

- MacDonald, Alexander W., 1540 North Broadway.
McDonald, William Barthlow, 1305 Linden avenue.
McDowell, Charles Corfield, 1721 West Fayette street.
MacElfresh, Charles W., 854 West Lombard street.
McGlannan, Alexius, 114 West Franklin street.
Macht, David I., 1511 Madison avenue.
Mackenzie, John Noland, 605 North Charles street.
Magruder, William Edward, 922 Madison avenue.
Mahle, George W., 1903 West Baltimore street.
Maldeis, Howard J., 437 East 25th street.
Manning, John, city.
Marden, Tilghman B., 2910 Huntington avenue.
Martin, Frank, 1000 Cathedral street.
Martin, Patrick F., 649 West Lafayette avenue.
Mayer, A. Henry Albert, 1618 Madison avenue.
Merrick, Samuel K., 834 Park avenue.
Messick, William Irving, 1606 Madison avenue.
Micheau, Ellis, 528 North Gilmor street.
Miller, Irving, 410 Fidelity Building.
Miller, William Ernest, 2239 Pennsylvania avenue.
Mills, James J., 853 Park avenue.
Mitchell, Charles Wellman, 1002 Cathedral street.
Mitchell, George Washington, 913 North Broadway.
Mitchell, Robert L., 2321 Maryland avenue.
Morgan, Wilbur Phelps, 315 West Monument street.
Moseley, William Edward, 301 West Monument street.
Mosley, William Edward, Jr., 614 North Howard street.
Munoz, Edmund A., 1801 Guilford avenue.
Muse, Alexander E., 855 Columbia avenue.
Muse, Bernard Purcell, 1039 Edmondson avenue.
Muse, Joseph Ennalls, 855 Columbia avenue.
Neale, Leonard Ernest, 108 East Read street.
Neff, John, 701 North Carrollton avenue.
Nolen, Charles F., 114 West Franklin street.
Norment, Richard Baxter, 3543 Chestnut avenue.
Norris, Rastus Ransom, 1309 North Charles street.
Norwood, Vernon Lee, 939 West Fayette street.
Novak, Emil, 839 North Patterson Park avenue.
O'Donnell, Thomas J., 405 Warren avenue.
O'Donovan, Charles, 10 East Read street.
Ohle, Henry Charles, 1203 West Fayette street.
Olmstead, William DeForest, 1828 West North avenue.
O'Mara, John T., 1033 Edmondson avenue.
O'Neill, Martin A., 1315 Hollins street.
Orem, F. Strattner, 2827 North Calvert street.
Owensby, Newdigate M., 1808 North Charles street.
Owings, Edward R., 1733 Linden avenue.
Page, Isham R., 1206 Linden avenue.
Palmisano, Augustine, 224 South Exeter street.
Pancoast, Omar Barton, 1500 Madison avenue.

Pearce, Wilbur M., 1238 Greenmount avenue.
Pearce, William Herbert, 2105 North Charles street.
Pearson, Frank White, 333 North Charles street.
Pels, Isaac R., 1509 Madison avenue.
Penning, Oliver Parker, 1711 St. Paul street.
Pennington, John I., The Marlborough.
Penrose, Clement Andariese, 21 West Mt. Royal avenue.
Perkins, Edgar Shirley, University Hospital.
Perry, William Brinton, 1301 Madison avenue.
Pessagno, Eugene L., St. Joseph's Hospital.
Peterman, Harry Elmer, 114 West Franklin street.
Pickel, John U., 1312 Ashland avenue.
Platt, Walter Brewster, 802 Cathedral street.
Pleasants, Jacob Hall, 16 West Chase street.
Plummer, Edward, 539 North Fulton avenue.
Pole, Armenius Cleveland, 2038 Madison avenue.
Pollack, Flora, 112 West Mt. Royal avenue.
Poulton, J. Emory, 615 Columbia avenue.
Pound, John C., 1302 West Lombard street.
Preston, George Jenkins, 819 North Charles street.
Randolph, Robert Lee, 816 Park avenue.
Reeder, J. Dawson, 639 North Fulton avenue.
Rehberger, John H., 1709 Aliceanna street.
Reid, E. Miller, 904 North Fremont avenue.
Reik, A. J. Neilson, 412 Cathedral street.
Reik, Henry Ottrage, 412 Cathedral street.
Reinhard, Ferdinand, 1400 Linden avenue.
Reinhardt, Otto M., 1017 South Charles street.
Rench, Victor B., 1325 Edmondson avenue.
Requardt, William Whittall, 829 North Eutaw street.
Reuling, George, 103 West Monument street.
Revell, Samuel T. R., 33 North Luzerne street.
Reynolds, George Brown, 809 North Charles street.
Richardson, Leonard A., 112 West 25th street.
Richardson, Thomas Leonard, Quarantine Station.
Riely, Compton, 4 West 20th street.
Ries, A. Ferdinand, 213 South Bond street.
Riley, Charles H., 1113 Madison avenue.
Riley, William T., 1639 Broadway.
Roach, Joseph, 611 Park avenue.
Roberts, William Miller, 1116 St. Paul street.
Robinson, Isaac P., 330 North Charles street.
Robinson, John Henry, 726 East Preston street.
Rohrer, Caleb W. G., 114 West Franklin street.
Rollins, Clarence D., 11 West 25th street.
Rosenheim, Sylvan, 1710 Linden avenue.
Rosenthal, Lewis Jay, 1626 Linden avenue.
Rosenthal, Melvin Samuel, 718 North Howard street.
Rosett, Joshua, 1503 East Baltimore street.
Rowland, James M. H., 1204 Madison avenue.

Ruhräh, John, 839 North Eutaw street.
Russell, Elijah J., 423 North Broadway.
Russell, William Wood, 1208 Eutaw place.
Rysanek, William J., 2008 Ashland avenue.
Rytina, Anton George, 2204 East Monument street.
Sadtler, Charles E., 1415 Linden avenue.
Samuels, Abraham, 2003 McCulloh street.
Sandrock, William Christian, 1242 North Broadway.
Sanger, Frank Dyer, 525 North Charles street.
Savage, Moses M., 1121 East Baltimore street.
Schaefer, Otto, 951 Madison avenue.
Schaefer, Theodore A., 636 Columbia avenue.
Scheidt, Robert P. C., 1318 South Charles street.
Scholl, George Barr, 1005 West Lanvale street.
Schwatka, John Bushrod, 1003 North Broadway.
Scudder, Chauncey T., 2 South Patterson Park avenue.
Seegar, John King B. E., 1529 Park avenue.
Seligman, Joseph Albert, 1920 Linden avenue.
Sellman, William Alfred Belt, 5 East Biddle street.
Shannon, George Conkle, N. W. cor. Harlem and Fulton avenues.
Shelly, Albert, 3849 Rowland avenue.
Shemwell, Joseph F., 2226 Madison avenue.
Sherwood, Mary, 1320 North Charles street.
Shipley, Arthur Marriott, University Hospital.
Shull, John D., The Guilford.
Simmons, Horace Melville, 1706 Park avenue.
Simms, Thomas J., 1025 North Wolfe street.
Simon, Charles Edmund, 1302 Madison avenue.
Simpson, George W., 1026 North Broadway.
Singewald, Albert G., 1503 East North avenue.
Singewald, Edward M., 5 North Washington street.
Slemmons, Josiah Morris, 23 West Chase street.
Smith, C. Urban, 330 North Charles street.
Smith, Edward A., 1605 West North avenue.
Smith, Frank Robert, 1126 Cathedral street.
Smith, Henry Lee, 2535 St. Paul street.
Smith, Joseph Tait, The Cecil, Eutaw street.
Smith, Marshall G., 1628 West Lexington street.
Smith, Nathan Ryno, 211 West Madison street.
Smith, Robert Percy, 1028 Cathedral street.
Smith, William Henry, 3429 Chestnut avenue, Annex.
Smith, William S., 330 North Charles street.
Spear, Irving, 1810 Madison avenue.
Spicknall, John T., 14 North Patterson Park avenue.
Spruill, St. Clair, 1002 Cathedral street.
Steuart, Cecelius C., 122 West 23d street.
Stiefel, John G., 708 George street.
Stifler, William C., 1409 Light street.
Stokes, William Royal, 1639 North Calvert street.
Stonecipher, Claude A., 1655 Fulton avenue.

Streett, David, 712 Park avenue.
Strobel, Edgar Randolph, 37 East North avenue.
Strouse, Solomon, The Marlborough.
Stubbs, William Pledge, 647 North Calhoun street.
Talbot, Thomas J., The Marlborough.
Taneyhill, George Lane, 1103 Madison avenue.
Taneyhill, George Lane, Jr., 1103 Madison avenue.
Tannar, Frederick N., 317 North Carrollton avenue.
Tarun, William, 613 Park avenue.
Taylor, Robert Tunstall, 2000 North Charles street.
Thalwitzer, Marie E., 814 West Fayette street.
Thayer, William Sydney, 406 Cathedral street.
Theobald, Samuel, 304 West Monument street.
Thiede, Gustav A., 705 North Carrollton avenue.
Thomas, Henry Briscoe, 1007 Cathedral street.
Thomas, Henry M., 1228 Madison avenue.
Tiffany, Louis McLane, 831 Park avenue.
Todd, Martillus L., 1202 East Monument street.
Tompkins, John Almy, 905 Cathedral street.
Townsend, William Guy, 2017 North Charles street.
Tumbleson, Arthur Lee, 2013 Bank street.
Tweedie, Hedley V., 640 North Carrollton avenue.
Ullman, Alfred, 1526 North Broadway.
Ullrich, J. Harry, 11 North Carey street.
Ulman, Solomon Jay, 1725 Park avenue.
Underhill, Albert James, 1822 North Charles street.
Urquhart, Richard A., 894 Park avenue.
Valentini, John J., 16 South Broadway.
Van Bibber, Claude, 9 East Read street.
Van Ness, Eugene McE., 200 West Lafayette avenue.
Van Williams, Virano, 601 North Carrollton avenue.
Vogelein, Mary Fussell, 1028 Valley street.
Waldkoenig, Christian, 603 South Sharp street.
Walton, Henry J., 1631 Park avenue.
Warfield, Mactier, 700 North Howard street.
Warfield, Ridgely Brown, 845 Park avenue.
Warner, Robert A., 837 West Lombard street.
Waters, Mary Augusta, 1711 Madison avenue.
Watson, William Topping, 2128 St. Paul street.
Wegefath, Arthur, 1207 East Monument street.
Wegefath, George C., 2227 Eutaw place.
Wegefath, Harry M., 1207 East Monument street.
Weinberg, Samuel, 2302 Madison avenue.
Welch, Erberle Giddings, 607 North Charles street.
Welch, William Henry, 807 St. Paul street.
Welsh, Lilian, The Arundel.
Wess, Bernard, 825 East Chase street.
Wheeler, E. Miles, 2129 West North avenue.
White, Walter Walton, Jr., 1101 North Broadway.
White, William Kelso, 1820 North Charles street.
Whitehead, Alfred, 1215 Madison avenue.

Whitney, Edward L., 1103 Linden avenue.
Whitridge, Andrew Henderson, 840 Park avenue.
Whitridge, William, 829 North Charles street.
Wiegand, William Edward, 1011 Madison avenue.
Wilkins, George Lawson, 6 North Broadway.
Wiley, Waitman T., 2129 St. Paul street.
Williams, Dudley, 3 West Biddle street.
Williams, John Whitridge, 1128 Cathedral street.
Willis, Mary Cook, 810 Hanover street.
Wilson, Gordon, 806 Cathedral street.
Wilson, Henry Merryman, 1008 Madison avenue.
Wilson, Lot Ridgely, 1735 Hollins street.
Wilson, Robert Taylor, 820 Park avenue.
Wiltshire, James Gerard, 819 North Eutaw street.
Winner, Jacob Lewis, 1735 Bank street.
Winsey, Whitfield, 1220 East Fayette street.
Winslow, John Randolph, 114 West Franklin street.
Winslow, Randolph, 1900 Mt. Royal terrace.
Wise, Edward Martin, 706 North Howard street.
Wolf, William B., 13 West Franklin street.
Woodruff, C. S., 823 North Eutaw street.
Woods, Hiram, 842 Park avenue.
Worthington, Thomas Chew, 1022 Madison avenue.
Wroth, Peregrine, Jr., 215 East Preston street.
Young, Hugh Hampton, 330 North Charles street.
Zepp, James Albert, 3050 West North avenue.

Society Reports.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD OCTOBER 21, 1907—DR. FINNEY PRESIDING.

I. Presentation of Cases—Dr. Cushing.

Dr. Cushing exhibited a patient, a young woman who had received a severe injury of the head in an automobile accident. Immediately after the injury the patient showed symptoms of concussion of brain, but she recovered from these within an hour, when she became conscious and responsive, though nauseated and complaining of headache. At this time her pulse was not slowed and there was no edema of the eye grounds. Her systolic blood pressure was 115 and she was vomiting. During the next 48 hours symptoms of increasing intracranial pressure developed and fracture of the base of the skull was definitely diagnosed. On the third morning after the injury the patient showed marked edema of both eye grounds, was bleeding from the left nostril and left ear and had a left hemifacial palsy. Dr. Cushing now performed a subtemporal decompressive operation, finding at operation a subdural as well as an extradural clot, together with fluid in the subarachnoid spaces. He evacuated this and left a drain to the

subdural clot. Very soon after operation the symptoms disappeared. After removal of the drains a cerebro-spinal fluid leak persisted for 10 days, when the wound was closed. Three hours after closure there was beginning edema of both retinæ. At present there is a considerable protrusion of the soft parts at the site of operation, but Dr. Cushing does not doubt that if operation had not been resorted to the patient would still be having pressure symptoms.

Dr. Cushing reported a second case that developed pressure symptoms after injury to the head, where the same operation was performed and the patient became normal four or five days after operation and has remained perfectly well since. This year he has performed the decompression operation almost invariably after fracture of the base, because nearly all the symptoms are due to intracranial pressure.

The important considerations in this procedure are that it gives the surgeon a definite way of attacking what have been heretofore considered pretty hopeless cases—fracture of the base, with hemorrhage. Dr. Cushing thinks that, except in very serious laceration of the brain, the outcome after decompression will be more favorable. The subtemporal route is advantageous because it discloses the more frequent hemorrhage from the middle meningeal, and it is the tips of the temporal lobes that are most likely to be lacerated. Heretofore the post-traumatic neuroses were distressing features after recovery from the injury. Most neurologists believe that decompression is most apt to do away with their occurrence. In the past 80 per cent. of the patients with basilar fracture in the Johns Hopkins Hospital died. Better results are to be looked for with operation.

DISCUSSION.

Dr. Thomas, Boston: Our experience in Boston has been practically the same. Any decompressive operation has been followed by relief from pressure symptoms. I think that Dr. Cushing's idea of preventing post-operative neuroses is too optimistic. I have seen many peripheral nerve injuries after basal fracture. I have seen right-sided palsy of the third nerve, together with complete optic palsy, the third nerve getting well.

II. *The Effect of Pressure on the Stethoscope on the Intrathoracic Sounds*—Dr. Charles P. Emerson.

The speaker emphasized the importance of pressure exerted on the stethoscope during auscultation in changing the intensity and the quality of the heart sounds. In some cases of myocarditis with rather faint heart sounds these cannot be heard if even a slight pressure is made against the bell of the stethoscope, but are distinctly heard if the instrument merely rests on the chest wall. The same thing is well recognized by those who listen for the fetal heart-beat, since they almost without exception place the unaided ear against the mother's abdomen.

In explaining this the speaker emphasized the difference between the transmitted sounds, which are always faint, and the sounds produced at the surface of the chest and abdomen, which act as a sounding board. The latter sounds are dampened by the pressure of the stethoscope. Some sounds, especially the blow of aortic insufficiency and the high-pitched râles, are better heard if a little pressure is exerted, since for them one must depend on transmitted sounds. The rumble of the Flint murmur and that of slight mitral stenosis is easily dampened by a little pressure.

The properties of the chest as a musical instrument were illustrated by the metallic tinkling of pneumothorax. As a rule, these sounds are distant and very faint, while in rare cases they can be heard at some distance from the bed of the patient. Some heart murmurs can be heard at times even across the room. This striking intensification of the sounds is without doubt due to the chest acting as a consonating cavity. The effect of the chest as a resonator is well heard in amphoric breathing.

Lastly, the speaker emphasized the importance of the shape of the bell of the stethoscope in modifying the sounds heard.

III. *A Lantern-Slide Demonstration of the Histopathology of Urticaria Factitia*—Dr. Gilchrist.

Dr. Gilchrist gave a lantern-slide demonstration of the microscopic features of urticaria factitia. He examined 15 cases of the disease, producing the artificial wheal by drawing down the finger-nail or the blunt end of a pencil rather sharply over the skin.

A portion of the wheal was excised usually after 10 or 15 minutes had elapsed. In two cases of spontaneous wheals sections were taken after 5 and 24 hours' duration. In one case portions were excised after 2, 5, 8, 15, 25, 40 and 60 minutes.

Sections of the wheals from the severe cases showed marked edema of the connective tissue and of the connective-tissue cells, profuse emigration of polymorphonuclear leucocytes from the venules of the papillary and middle layers of the corium and in some cases as deep as the subcutaneous tissue, pronounced fragmentation of polymorphonuclear leucocytes and fixed connective-tissue cells, emigration of lymphocytes, apparent increase in the number of mastzellen and swelling of the cells of the sweat glands. The lymphatic vessels were markedly dilated, especially deep in the corium and near the periphery of the wheal. The fragmented nuclei seem to be taken up by the lymphatics. The epidermis remained practically normal.

Sections from older wheals (one hour) did not show as much fragmentation, but still many polymorphonuclear leucocytes were scattered throughout the tissue. Sections from milder cases showed a much less severe type of the same phenomena.

In one severe case of urticaria factitia where the wheal was excised after two minutes had elapsed there was present fragmentation of nuclei which seem to demonstrate death of cells preceding the inflammation. In another case the polymorphonuclear leucocytes were nearly all fragmented almost directly after leaving the blood vessel. In nearly all the cases the wheals disappear in about one hour. The pathological picture is undoubtedly one of typical acute inflammation. The nuclear fragmentation is as remarkable as that produced by diphtheria toxin.

The only explanation that appears to be feasible is that some toxin is circulating in the blood, and when a wheal is produced some of the toxin is set free, producing necrosis, followed by acute edematous inflammation of the whole corium, accompanied by marked nuclear fragmentation.

IV. *The Psychic Treatment of Nervous Diseases from the General Practitioner's Standpoint*—Dr. Penrose.

MEETING HELD DECEMBER 2, 1907.

I. *Effect of Changes of Blood Pressure Upon the Pulse-Rate*—Dr. Eyster and Dr. Hooker.

The experiments described in this paper were concerned with an attempt to determine whether the decrease in pulse-rate that results from a considerable increase of arterial pressure is due to a direct action of the increased pressure upon the cardio-inhibitory center or whether this center is stimulated through afferent nerves and the slowing thus brought about reflexly.

These experiments may be divided into groups as follows:

1. Decrease of pulse-rate from rise of pressure produced by ligation of different portions of the thoracic aorta in dogs. Occlusion of the ascending aorta (with consequent rise of intracardiac pressure) was without effect upon the pulse-rate; in fact, even an increased rate sometimes occurred. Occlusion of the transverse or descending thoracic aorta caused a decrease in pulse-rate.

2. Decrease in pulse-rate was obtained in dogs and rabbits by temporary increase of pressure confined to the thoracic aorta. The previous pulse-rate or a more rapid one occurred when the pressure was relieved.

3. Increase of pressure confined to the cerebral arteries caused also a marked slowing of the pulse.

4. When the increase of pressure was confined to the heart no definite slowing of the pulse-rate was observed.

5. When the increase of pressure was confined to the coronary arteries the results of these experiments were not very conclusive. In some cases slowing occurred, but never to the marked degree that was obtained from increase of pressure within the aorta.

The phenomenon of decrease in pulse-rate from increase of arterial pressure in animals with intact vagi is therefore due to two factors. These are a direct effect of the increased pressure upon the cardio-inhibitory center and a reflex stimulation of this center through afferent nerves arising from the aorta and probably not from the heart. The experiments are to be continued with the view of determining through what nerves these afferent fibers are carried to the cardio-inhibitory center.

II. *On the Excretion of Urotropin in the Bile and Pancreatic Juice—*Mr. Crowe.

The author reported the results of a series of experiments made to determine the fate of urotropin in the body and its efficacy as a sterilizing agent in the bile and other secretion of the body.

It was determined by experiments on dogs that after the administration of urotropin by mouth it was excreted in quantity both in the bile and pancreatic juice.

Hebner's test for formaldehyde was used, and by rough colorimetric comparison it was estimated to be equivalent to a 1 to 12,000 solution of formaldehyde. It was present in the bile contained in the gall-bladder 24 hours after giving 15 grs. of urotropin by mouth.

In view of these findings observations were made on a series of patients in the hospital who had biliary fistula. Bacteriological studies were made before and after giving the drug, and in every case the infecting organisms rapidly disappeared when the dose of urotropin given was 75 grs. a day or more. As in the urinary bladder, they appear again as the dose is decreased.

The bile discharging through the fistula, where acidified and distilled,

always gives the test for formaldehyde, the amount present varying as the dose of urotropin given.

In every case the patient's general condition improved, the discharging bile changed from a dirty, turbid fluid to the golden yellow of normal bile, and the fistulae closed rapidly.

It was repeatedly shown to be present in the cerebro-spinal fluid, even after very small doses by mouth. In one case with a badly infected cerebro-spinal fistula, with sloughing and a purulent discharge, the organisms gradually disappeared after urotropin was begun, the fistula closed and the patient made a good recovery.

Formaldehyde was also shown to be present in the pus obtained from a gonorrheal knee-joint, but sufficient time has not as yet elapsed to report on its therapeutic effect in this case.

MEETING HELD DECEMBER 16, 1907.

I. *A Family of Hemeralopes*—Dr. Bordley.

This paper will shortly appear in the *Johns Hopkins Hospital Bulletin*.

II. *Exhibition of Cases*—Dr. Randolph.

The first case which I have to present this evening is one upon which I have recently operated for cataract. It is interesting to me for two reasons; first, because at the operation I was confronted with (in my experience) a unique difficulty—nystagmus. One can readily imagine the difficulties attendant upon making the corneal incision and delivering the lens from an eye which is constantly moving from side to side. About 11 years ago she was operated upon unsuccessfully for cataract in her right eye by a local ophthalmologist. She came to me soon after to see if I could not help her. I found the pupil closed with a dense, organized exudate, and I could offer her no encouragement so far as that eye was concerned. Since that time her left eye has been growing slowly blind, and a few weeks ago she presented herself to me for operation. There was nothing remarkable about the appearance of the eye before the operation except that any effort of the eye to move outward toward the vertical plane would be accompanied with clonic spasms. I have never been quite clear as to the cause of this condition. I found considerable difficulty in making the corneal incision, and more than once after entering the anterior chamber the eye was drawn inward so far as to almost free itself entirely of the knife. As a result, I think, of this constant movement which I could not control with fixation forceps the counter-puncture was made too high up and the opening through which the lens was to pass was too small. I was equally unsuccessful in enlarging the opening to any great extent. The lens was dislocated into the vitreous, and it was only after the most delicate sort of manipulation that I succeeded in getting it out.

I don't think I have ever sent a patient from the operating table with less hope on my part of a good result. There is hardly a mishap which is more to be dreaded than an incision too small for the passage of the lens. The opening is not easy to enlarge, and when we have finished the operation we leave behind a bruised wound and the very conditions favorable for infection. The eye was irrigated freely with a warm sterile salt solution and she was put to bed. The case is interesting to me, again, as showing the value of cold applications in these infected wounds. A large bowl

containing a block of ice was placed near her, and small pads of gauze which had lain on the ice were kept on the eye constantly night and day, and this was kept up for a week. Of course, atropin was employed in the usual manner. I think, however, that the good result is to be attributed almost entirely to the effect of lowering local temperature and thus rendering conditions in the conjunctival sac unfavorable for the multiplication of bacteria. An ordinary bandage or even the shield would have resulted, I believe, in loss of the eye. As it is she has good vision.

The second case is one in which I removed a large piece of steel from the vitreous of the right eye. The foreign body had been there for nearly three weeks. It was localized by the so-called "Sweet method." It was found to have passed little more than half way across the eye and lay in the posterior part of the vitreous. An incision was made a little below its location, and it was removed with great difficulty owing to its large size and irregular borders. Not a little vitreous was lost. Cold applications were made in the same manner as in the cataract case, and he has now the ability to count fingers in the outer half of the field. It has always been my rule to apply cold in these cases of penetrating wounds of the eyeball, and I think it has a most important bearing upon the outcome in this class of cases. It is the first time, however, that I have used cold in the after-treatment of a cataract case, which, after all, is nothing more than a penetrating wound of the eyeball. As I look back upon some of my unsuccessful cataract operations I recall more than one where I believe the result would have been entirely changed if I had adopted this simple measure.

III. *The Practical Value of the Demonstration of Spirocheta Pallida in the Early Diagnosis of Syphilis*—Dr. Geraghty.

Dr. Geraghty reported the findings of a systematic search for the organisms of syphilis in patients with venereal sores who came to the Johns Hopkins Hospital Dispensary for treatment. For the last year every venereal sore occurring in the dispensary practice has been examined from this point of view. In all 150 cases were investigated. Thirty were syphilis, and of these 27 showed the spirocheta pallida in the smears made from the sores. Every one of these cases developed symptoms of secondary syphilis later. In several cases the organisms were found in sores that did not at first suggest chancre, but subsequently outspoken symptoms of syphilis developed.

This measure is of great diagnostic importance, since one can arrive at a diagnosis very early in the disease and institute treatment immediately in all cases instead of waiting until the doubtful case develops secondary symptoms.

DISCUSSION.

Dr. Finney: This report of Dr. Geraghty's is of very great practical importance. I know of several cases where severe surgical operations might have been avoided had we had so definite a diagnostic method as Dr. Geraghty has described. I have encountered several cases in the past where it was utterly impossible to differentiate chancre from cancer. I think this method of Dr. Geraghty's is of tremendous value—more, perhaps, to the general surgeon than to the specialist—for it is the general surgeon who is most likely to encounter cases of extragenital chancre where the detection of the spirocheta pallida would be so advantageous.

A NEW INSTRUMENT FOR THE DEPOSITION OF OINTMENTS INTO THE URETHRA OR BLADDER.*

By Hugh H. Young, M.D.,
Baltimore.

FOR several years I have been experimenting with the use of ointments in the urethra and have devised several instruments to facilitate their introduction. One of these instruments was illustrated in an article published last year in Vol. 13 of the Johns Hopkins Hospital Reports ("The Use of Ointments in the Urethra in the Treatment of Chronic Urethritis"). The instrument which was there described proved very satisfactory for the anterior urethra, but it was often difficult to introduce it into the posterior urethra or bladder, and for this purpose I devised an instrument shown in the accompanying illustration. As shown here it is a simple tube with a beak modeled after that of a coude catheter, which makes it extremely easy to introduce into the posterior urethra or even the bladder. On one side near its lower end a long opening is placed, and into this a large amount of ointment can be introduced. The solid plunger or obturator is provided, by which the ointment can be pushed out in the urethra after the introduction into the urethra to the desired place. This instrument is so simple in its



construction and satisfactory in its working that no further description is necessary. It may also be used as a catheter and for irrigation of the bladder or for removal of urethral polyps, and is a very satisfactory instrument for the evacuation of blood clots from the bladder, as the obturator may be used to dislodge a clot which is too large to enter the orifice, or to draw it through by suction, acting in this way as a syringe. In several cases in which the bladder became plugged with blood after prostatectomy, this little instrument was of great assistance in emptying the bladder.

As to the use of ointments, I have little to add to that given in the article above referred to. I may say that two formulas which have proven most satisfactory are a 2 per cent. carbolic acid in lanolin and a 2 per cent. salicylic acid in lanolin. The former is useful in many cases of chronic urethritis, particularly those associated with irritability of the posterior urethra. The deposition of ointment after prostatic massage leads to its rapid absorption into the prostate, from which it is passed in small quantities for two or three days. The use of the salicylic ointment is indicated when there is marked change of the urethral mucosa to the squamous type, as shown by the exfoliation of large shreds composed of squamous epithelial cells and thickening of the urethra as seen through the urethroscope.

*Presented before the American Association of Genito-Urinary Surgeons, June, 1907.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, MAY, 1908

MEDICAL MEN IN PUBLIC OFFICE.

WHEN one hears the familiar plaint that physicians are far less employed than lawyers in the public services one wishes that this subject might be submitted to a numerical test. It is quite true that the need of lawyers' services is more generally recognized and they are better paid. There is not anywhere a population civilized enough to rank the security of life and health above that of property. The most enlightened individuals attain to that wisdom only at long intervals and in the presence of extreme danger. Great communities are protected, indeed, by sanitary works which cost enormously, but in the minds of most persons the hygienic profits are incidental, and these expensive works commend themselves chiefly by their disguises of comfort and decency.

Relatively little of the coin so freely spent on sewerage and water supply passes through the hands of the medical profession, but that is because these works, though owing most of their modern perfection to the suggestion of medical science, require very little of medical men in the way of execution or administration. The fundamentals of public hygiene will probably never yield us considerable revenues, though not a few physicians are constantly and profitably employed on sewerage and water works. It is in the particulars of public-health work that physicians are sure to be more and more engaged. It costs much more to prevent disease than to cure it, but the dear public will not haggle at the price for a moment after the medical man makes good his profession. It is doubtful if any sort of professional service has ever advanced in public favor more rapidly than that which medicine has done in recent years. The number of physicians holding public office in

Maryland at this time is not much, if at all, less than 8 per cent. of all those engaged in practice. About 175 physicians in Maryland are officers of State or local government, and hold office because they are physicians. If this estimate is correct, or nearly so, the character and the performance of so many medical men in public office are matters of some concern to the profession. The exercise of some concern would probably be wholesome to the Medical and Chirurgical Faculty. Full and complete information on this subject would certainly prove interesting, though it might not yield unalloyed satisfaction. Almost anyone can make from memory a list of 50 or 60 physicians who hold public office, and in a number no greater than 50 or 60 one may find the virtues and vices of public servants exemplified quite as well as in an equal number of avowed politicians. At one end of the scale are examples of the highest professional character and ability engaged in public service, to the great credit of the profession; and at the other extreme one may find public office held unworthily by unworthy physicians, to the discredit, and some day, possibly, to the scandals of the profession. The average quality of professional service in public office is probably high, the average pay is certainly low, but the point of importance to the Faculty is that the extremes of character and performance, best and worst, can be illustrated with as small a number as 50. Such, at least, is the result of the reflections preliminary to this writing.

THE PERIPATETIC SCHOOLBOOK.

THE lesson books of our public schools spread epidemic diseases in the community, alleges a contributor to the *Sun*. The Commissioner of Health denies this, saying that the danger from this source is negligible, and that disease epidemics ascribable to school contagion are yearly lessening.

No little school child now has his own books, but each day he receives from the general pile a book containing his lesson. From an esthetic point of view this innovation is certainly not alluring. Each book comes into contact in turn with the dirtiest children in the class and school, many of whom leave personal memoranda of a salivary or other sort within its pages. Those books which are taken home have further sedimentary possibilities. The physician handling one of these books instinctively washes his hands.

We do not question the wisdom of our School Board or the statements of our Health Commissioner. We simply maintain that there must be reasons of the most imperative nature for the continuance of such a repulsive custom. Even if epidemic fevers are not spread thereby, we cannot forget that syphilis and many other contagious filth diseases involving the skin and mucous membranes are common in many quarters, and affect many school children.

There has been a theory among educators that school life should teach the child neatness and a repulsion for dirt in every form; they certainly cannot learn these things from a schoolbook such as was just shown us from an uptown public school.

The use of leaflets or cards containing the brief lesson would, if feasible, be much more wholesome. It is not impossible that, if the subject is properly agitated, the text-book may yet, for little children, join the slate as a relic of the past. Older children might have their names in their books and use them exclusively, even if they do not own them.

THE NEW SANITARIUM.

THE announcement in another part of the JOURNAL of the contemplated opening of the Maryland State Tuberculosis Sanitarium cannot fail to excite the interest of those active in the crusade against consumption. The long-felt want of such an institution has been only too apparent to us all, and its successful completion should therefore be a source of gratification and pride to every citizen in the State.

The history of already existing State institutions has demonstrated the fact that their usefulness is oftentimes considerably impaired by the type of cases they are required to accept. The palpable hopelessness of many cases presenting themselves for admission is only evidence of the fact that either physicians are tardy in making a diagnosis or else put off advising sanitarium treatment until the disease has progressed beyond the curable stage. Such cases, though they may temporarily improve under sanitarium treatment, surely relapse after discharge, thus tending to discredit in the minds of the lay public the possibility of consumption being a curable disease and the efficiency of sanitarium treatment. Statistics have shown it to be an indisputable fact however that tuberculosis *is* a curable disease in its incipient form, and it should

therefore be the duty of every physician who wishes his patients to derive the full benefits offered by this institution to use every means known to medical science to make an early diagnosis.

Maryland is indeed fortunate in having within her borders a locality so well adapted for such purposes, and it will not be necessary in the future for her citizens to travel to distant climes in search of health.

We extend to the board of directors our heartiest congratulations, and trust that the State Sanitarium will ever prove a powerful weapon of defense in the vigorous warfare that is being waged against tuberculosis, the greatest enemy of the human race.

PROFESSIONAL IDEALS.

IN a report read by Dr. C. E. Brack, chairman of the Board of Censors, at the Baltimore Medical Society held on April 7, a note of warning was sounded which is worthy of serious consideration on the part of all Maryland physicians.

He mentioned the fact that complaints had been made to the Board of Censors from time to time of the growing disregard of that professional conduct which formerly characterized physicians of Maryland. This thoughtlessness of the rights of others has not been confined to the younger men, but has more particularly been experienced among the older ones, who are naturally expected to set an example of upright conduct to their younger professional brothers. That consultations frequently result in the reference of the patient to a specialist who is a friend or associate of the consultant and away from the family physician is very generally known as a common occurrence. Surgeons called in by general practitioners to perform operations of various kinds are known to refer the patient to their assistants or associates for redressings, totally ignoring the family physician, who would naturally be expected to attend the patient when the operator relinquishes his personal care.

We should not, in our zeal for reputation and financial gain, allow ourselves to lose sight of some of the higher attributes which for generations have characterized the conduct of reputable physicians. If not just and true to each other, how can we hope for respect and good treatment from those outside the medical profession?

Announcements.

PHILADELPHIA'S ANNIVERSARY.

PLANS are being rapidly perfected by the medical and educational institutions and societies of this city for many notable reunions of graduates and conventions to be held here during the week of the 225th anniversary celebration of the founding of the government of Philadelphia, which is to be observed upon a grand scale during the week of October 4 to next. Thousands of personal letters have been sent to graduates and leading professional men residing in the various States and insular possessions inviting them to this city during that week.

The University of Pennsylvania, the various medical and dental colleges, as well as all the city's institutions of learning, together with the officers of the Board of Public Education, are forwarding the project in every way possible. The result will undoubtedly be a reunion of professional men who by their activities have spread the fame of Philadelphia as the mother of medicine and as an educational center throughout the United States and the world.

It is proposed to devote the mornings of several days of the week to conventions of workers in educational fields, and with that end in view nearly all the cities and the large centrally-located halls have been secured.

THE MEDICAL PROGRAM.

The committee on Medical Day have prepared a splendid program, which will attract physicians from near and far. The Academy of Music has been engaged, and addresses will be delivered by foremost practitioners from many sections of this country and from abroad. Professor Pearsoll of the University of Pennsylvania, famous as an anatomist and scientist, will be one of the speakers. Dr. J. Chalmers Da Costa, professor of surgery in Jefferson Medical College and Hospital, and an author of international repute, will be heard. Dr. J. M. Anders, professor of the practice of medicine in the Medico-Chirurgical College and Hospital of this city, also an author of distinction, is to make an address. Other professors and practitioners of eminence will also have a prominent part in the proceedings.

It is the intention to lift the program above merely local proportions by securing the attendance of some 400 foreign delegates who

will then be attending an International Convention of Medical Men at Washington, D. C. That these delegates may obtain a comprehensive insight into American methods, leading colleges and hospitals are arranging to have clinics, lectures and demonstrations by eminent professors during Founders' Week.

That Philadelphia's proud place in the medical world may be fittingly recorded, a volume of 1000 pages, including 750 pages of text and 250 pages of illustrations, will be issued. It will contain an account of all the historical institutions, colleges and hospitals that have existed in the city since its founding. The volume will also contain an account of all the medical and scientific societies and medical journals that have been in existence in Philadelphia from the earliest days. Two thousand copies will be printed, and these will be distributed among the libraries of this and other cities and in principal towns.

As another feature the Committee on Historical Exhibit has arranged with the Historical Society for a large room in its building, where will be shown some of the earliest documents and apparatus that have been used by the different colleges and hospitals of this city. Professor Remington of the Philadelphia College of Pharmacy is chairman of the committee having this exhibit in preparation.

Without doubt the efforts will result in a gathering of medical men and other college graduates which will eclipse, both as regards numbers, interest of program and the professional benefits to be reaped, any gathering of its kind in the history of the United States.

Incidentally, it may be stated that the great and honorable part which men of scientific attainments played in the progress of Philadelphia and the nation will be fittingly pictured in the historic pageant which is to be a full day's feature of the celebration. This pageant will be on a scale in every way equal to the famous pageants of England and Berlin. It will also be the first historic pageant of its kind ever witnessed in this country.

City Councils, the merchants and the citizens of Philadelphia are leaving nothing undone that will contribute to the success of the Founders' Week celebration. At least \$400,000 will be spent on the several features of the celebration which will mark the anniversary.—
The Executive Committee.

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THE GROWTH OF OUR KNOWLEDGE OF INFECTIOUS DISEASES.

By J. H. Mason Knox, Jr., Ph.D., M.D.,
Instructor in Pediatrics, the Johns Hopkins Medical School.

READ AT THE SPECIAL MEETING OF THE DORCHESTER COUNTY MEDICAL SOCIETY, HELD AT
CAMBRIDGE, MD., MARCH 3, 1908.

(Continued from May number.)

At this period various new parasitic bacterial diseases of plants and vegetables were discovered, and far-seeing investigators like Cohn and Virchow insisted that although bacteria might have the same form, they were certainly of different biological species, having different effects upon the animal body.

The specificity of bacteria was brilliantly proved for anthrax by Robert Koch, who in 1876 was able to follow the life history of these rodlike organisms under the microscope to show their multiplication by budding and the formation of the more resistant spores. Koch demonstrated that this organism in minute quantities alone was able to produce the disease in animals. This epoch-making communication was followed shortly by others demonstrating that various infections could be experimentally produced in animals by specific bacteria. Many leaders in medicine, notably Nägeli, still asserted that the species of bacteria were only varieties brought about by growth in different media; that the same organisms produced the souring of milk, decomposition of proteid, typhoid or diphtheria, according to their peculiar environment.

It was of the first importance, therefore, to devise methods whereby the characteristics of a special variety of a bacteria resulting from the proliferation of a single organism could be studied. These fundamental methods were introduced in large part by Koch and his students in the use of solid culture media and method of plate culture.

Soon after, the analine dyes began to be used in staining bac-

teria, and the microscope was greatly improved with the Abbe condenser. These added resources enabled Koch and his assistants to make prodigious contributions to the knowledge of a large number of infectious diseases. The decade 1880-1890 will always be noted in the history of medicine for the importance of these discoveries.

Prior to this decade a small number of infectious diseases had been definitely associated with specific micro-organisms. Thus, in 1871 Hansen showed the leprosy bacillus to be constantly present in the lesions of this dread mutilating disease which is known to have afflicted mankind for nearly 6000 years. Eight years later Neisser discovered specific diplococci in the purulent discharges of patients suffering from various forms of gonorrhea, and established the etiology of this venereal ailment.

Lobar pneumonia as a clinical disease had been known since antiquity, and is well described by ancient writers, including Hippocrates. Laennec left little to be added to the interpretation of its physical signs. No specific bacterial cause, however, was ascribed to the disease until the association of an organism described in 1880 by Sternberg and Pasteur was shown to be in constant association with lobar pneumonia by Fraenkel and Weichselbaum several years later.

Typhoid fever, which had been studied clinically for many years, notably by the great Louis, was unquestionably confused with typhus fever until the distinction was recognized in Philadelphia by Gerhardt, a pupil of Louis, who had an unusual opportunity to observe both diseases together. The bacillus now known to be the cause of the disease was first described by Eberth in 1880, the findings being almost at once confirmed by Koch, Gaffky and others.

As is now so well known, the infectious agent in tuberculosis of all forms was proved by Koch in 1882, in a masterly presentation, to be the tubercle bacillus. The infectious nature of tuberculosis had previously been conclusively demonstrated by Villemin. In the same year the organism producing glanders (farcy), a disease common among horses, and which is occasionally transmitted to men, was discovered by Loeffler and Schultz.

Diphtheria was graphically described by Aretaeus and Galen. Outbreaks occurred in the Middle Ages, and later in modern times. It has proved itself to be one of the most terrible diseases for the young. The diphtheria bacillus was first described in 1883 and '84 by Klebs and Loeffler, its toxic action was demonstrated by Roux and Yersin several years later, and the antitoxic treatment introduced by von Behring in 1890, so that now the formerly dread malady has been almost entirely robbed of its terrors.

Nearly synchronously with the discovery of the diphtheria bacillus Koch announced the so-called coma bacillus as the cause of Asiatic cholera, a disease which has been endemic in India for

many centuries, and during the last 100 years had made occasional inroads into Europe and America. The bacterial cause was found also in 1887 by Surgeon Bruce of the British Army for Malta fever, an irregularly febrile disease endemic in the Island of Malta and nearby mediterranean ports.

Epidemic cerebro-spinal meningitis, in certain outbreaks called also spotted fever, has been recognized for more than 100 years. In 1806 an epidemic occurred in Madford, Mass. The affection was graphically described by Drs. James Jackson, Welch and Warren three years later. Numerous epidemics have since been noted in this country and Europe. Several have occurred in Baltimore. In 1887 Weichselbaum isolated a coccus in a large series of cases. Subsequent work has established this organism as the cause of this form of meningitis.

Two years later the bacillary cause of lockjaw, or tetanus, was discovered by the distinguished Japanese bacteriologist, Kitasato.

Epidemics of grip, or influenza, have been noted in medical journals since the sixteenth century. They have repeatedly swept over large areas of both hemispheres. The last genuine epidemic took place in 1889-90. The nature of the illness is familiar to us all. It may be of some comfort to us to remember that a small, slender bacillus isolated by Pfeiffer in 1892 from the nasal and bronchial secretions in grip cases is now the conceded cause of the infection.

The ravages of bubonic plague, called Black Death, in the Middle Ages have already been referred to. It is estimated that the epidemic in the fourteenth century carried away about one-fourth of the population of Europe. It is at present raging in India, and is a constant menace to all countries. The bacillus pestis, the active agent in the disease, was described by Kitasato and Yersin independently in 1894.

Several years later another Japanese investigator, Shiga, found that epidemic dysentery, a disease which is prevalent almost continuously in his country and appears from time to time elsewhere, was due to a specific micro-organism called after him the Shiga bacillus.

Thus far in this hurried review bacterial infections alone have been referred to, but almost as important is the list of affections found during recent years to be produced by animal parasites.

The most common disease of this nature is, of course, malaria, not due, as the name implies, to bad air or a miasmatic condition of the atmosphere, as was confidently affirmed for centuries, but to an invasion of the blood of the patient with a parasite belonging to the protozoon group. The organism was discovered in the blood in 1880 by a French Army surgeon, Lavarán. Subsequent investigation confirmed this finding and established the fact that the organism is transmitted to man by the bite of an infected mosquito.

Among other protozoon diseases are amoebic dysentery, Texan fever, trypanosomiasis and kala-azar.

Only recently, after years of the most persistent search, an organism called *spirocheta-pallida* has been found by Schaudine in the lesions of syphilis, and it is probable that the causal organism of this dread malady has been discovered.

During the prosecution of these important studies on the biological and pathological properties of various micro-organisms the consideration of the resistance of the patient to disease has received much attention. Differences in this resistance in the body was recognized among the ancients as being necessary to explain the fact that epidemics did not attack all people alike. Galen asserted that a disease affected only those whose bodies were in a suitable condition. Disease was compared to plants which grow only in certain soils. It was known that good food and cleanliness increase the resistance to disease and that the reverse conditions decrease it, and racial predispositions to various affections have long been recognized. It was also understood that one suffered but once from most of the infectious diseases. Inoculation against disease by injecting the blood or discharges of a previous case was much practiced in the eighteenth century, especially in diphtheria, measles and smallpox. The most brilliant result in preventative inoculation in that century was Jenner's use of cowpox to produce immunity against smallpox, a probable modification of the safe affection.

No immunity was thought possible against the so-called miasmatic diseases. The transitory character of an immunity was early recognized, and was thought to be due to the using up of material like fermentation or to the retention of poisonous material in the body. Traube first showed antiseptic and bacteriocidal properties to be present in the blood.

Pasteur's work on immunity is fundamental. He proved conclusively that the body's resistant power to certain diseases could be greatly increased by the inoculation of a dead or attenuated culture of the causal organisms, and that after a time fatal doses can be given safely because of the exhaltation of the patient's resistance. He worked particularly on chicken cholera and anthrax and rabies, and although in the latter no micro-organism had been discovered, Pasteur, by inoculating monkeys with an immulsion of nervous tissue from animals suffering from hydrophobia, proved that the disease was directly infectious and that complete immunity against it could be secured, and that in many instances, because of its long incubation period, healing treatment was possible for a considerable time after the beginning of the infection. He reduced the mortality from rabies from nearly 20 per cent. to less than 1 per cent. in cases promptly treated.

In 1890 Behring discovered that the serum of an animal im-

munized against diphtheria was capable, when injected into a fresh animal, of conferring immunity upon the latter and of protecting it against many times the lethal dose. This work was confirmed shortly by Roux at the Pasteur Institute and many others.

Three different kinds of immunity were recognized:

1. Natural immunity—the congenital lack of susceptibility to a special disease on the part of man or animal. Thus, chickens have a natural immunity against anthrax. The immunity may be present only to a limited degree, which explains in part the variation in the severity of the attacks of infectious diseases in different persons.

2. Active immunity. By this is meant that immunity against a particular infection which is obtained in a susceptible animal by a previous attack of the disease or by inoculation or vaccination with an attenuated variety of the infecting agent. The vaccination with cowpox against smallpox is the best-known example of this kind of immunity, although it is becoming more commonly employed in the treatment of certain forms of tuberculosis and other diseases.

3. Passive immunity is that variety which is acquired by the injection into a susceptible animal of the blood serum of another animal made immune to the disease. The remarkable curative effect of diphtheria antitoxin is due to the setting up, in the patients treated, of this kind of immunity. Thus far it has only been practical to establish this form of immunity in those diseases, such as diphtheria and tetanus, in which the casual agents set up soluble toxins, which, in turn, excite antitoxic bodies in the bodies of the experimental animals; and it is this antitoxic material which, as the active principle, produces the curative effect.

The dangers of the use of a foreign serum are minimal but definite, and the disadvantage of the method is that the effects are of comparatively short duration.

To explain the phenomena of immunity numerous theories have been advanced. Their discussion involves much technical terminology and hardly concerns us here. One that has had much general acceptance is the phagocytic theory advanced by Metchnikoff which considers the leucocytes in the blood and tissues to be the scavengers of the body which seek out, ingest and digest harmful bacteria and their products, and so render them inert and establish immunity. The antitoxic theory which, with some modification, is now rather generally accepted was enunciated by von Behring, but has been greatly elaborated by Ehrlich and his school. This theory considers that the cells of the body are capable of secreting material antagonistic to the toxins or any foreign body with which they are brought in contact. These antitoxins unite with the toxins, neutralize them and so render the reaction of the latter innocuous in some such way as the union for alkali with an acid. When the body cells respond vigorously to any specific stimulus or toxin these anti-bodies are produced in excess and, remaining in the cir-

culatation, immunize the animal or person against subsequent doses of the toxins. The intricate details of this theory would lead us too far afield. It seeks to explain not only the relation of toxins and antitoxins, but also the action of many other physiological processes taking place in the body.

One other class of infectious diseases must be referred to, namely, those produced by the so-called filterable viruses. To this class belong certainly the foot-and-mouth disease of domestic animals and man, and yellow fever. The peculiarity of these infections is that the body fluid containing the active virus retains its full virulence and produces the disease just as successfully after passing through porcelain filters the pores of which are too minute to admit the passage of the smallest known bacteria. It is to be concluded, then, that in each case the casual micro-organism is beyond the existing powers of microscopic vision.

It must now be apparent that the statement made at the outset has been verified and that only the conspicuous signboards indicating the line of progress have been mentioned.

In this discussion much of importance has been left unsaid. The immense labor which is necessary as a foundation before the acceptance of statements as facts in medicine can only be imagined by those who are familiar with the progress of any of the sciences. The whole history of the infectious diseases has illustrated the interdependence of medicine with the natural sciences. Pasteur found in medicine the most fertile field for the application of his chemical theories.

Although a vast number of facts have been added in recent years to our knowledge of infections, many more problems await solution. Even in those diseases whose etiology is known, in but few is the mode of entrance of the offending organism into the body definitely determined. It is just this question in regard to the commonest of all diseases—tuberculosis—which is now the subject of heated controversy. Much more is known about the propagation of yellow fever by the *stegomya* mosquito through the classical researches of Reed, Carroll and others, although its specific causal organism is not recognized, than is known about the method of the spread of pneumonia, grip or meningitis, the exciting agents of which have been determined. And more, the list of infectious diseases, concerning the real cause of which little or nothing is known, in spite of the most painstaking investigation, is still a long one, and includes some affections commonest to mankind, such as mumps, measles, scarlet fever, typhus fever, whooping-cough, rheumatism, chicken-pox, hydrophobia and yellow fever, and many others less familiar.

It is proper, then, to humbly confess our ignorance, to live up to our knowledge in matters of hygiene, prophylaxis and treatment, and to trust that by unceasing toil and the application of methods shown serviceable in the past the profession may at last reach a more or less complete understanding in all infectious diseases.

“LIGHT WORK” AS A FACTOR IN THE SPREAD OF TUBERCULOSIS *

By Ellen N. La Motte,

Tuberculosis Nurse of the Instructive Visiting Nurse Association, Baltimore.

THE following paper is based on observations made by the writer in her capacity as tuberculosis nurse in Baltimore. Although the conditions here dealt with are local, nevertheless they must by their nature occur wherever there are consumptives who are obliged to eke out means of subsistence for themselves or for their families. It is necessary, therefore, that attention should be called to these conditions as factors in the spread of tuberculosis not only in Baltimore, but in all towns and cities.

In the life of the average consumptive who belongs to the class of wage-earners there usually comes a time when he is compelled by the advance of his disease to give up work and stay at home. When this condition arises the part played by the factory or shop in the spread of tuberculosis sinks into insignificance compared with the risks offered by the now constant presence of the tuberculous individual in his own home. The reason for this is two-fold. In the first place, his contact with others is much closer and more constant; in the second place, he is now in the advanced stages of the disease, when the danger of infection is much greater than it was while he was still able to work in the factory. Within the narrow confines of his home, requiring, moreover, constant personal care, he subjects every member of his family to that intimate and prolonged contact by which tuberculosis is propagated. In considering the question of tuberculosis and the trades it would be of advantage to know just what percentage of cases becomes infected during work hours by contact with consumptive employees, and what percentage becomes infected outside of working hours by contact with consumptives in their own families.

The object of this paper, however, is rather to consider that numerous class of occupations or industries which are undertaken in the homes of consumptives, either by the patients themselves or by others, as a means of earning or supplementing a living wage. For instance, the man of the family may be too ill with tuberculosis to continue work in the factory, but may yet be capable of doing something at home to earn a trifle, however small, towards the family support; not to do this would mean still greater poverty and privation. His wife, on the other hand, must not only take care of him, perform her household duties and care for the chil-

*Reprinted from *Charities and the Commons*, September 28, 1907.

dren, but must be the main breadwinner as well. Obviously, factory work is out of the question for her; the only place where all these duties can be combined is in the home. It is this double pressure of sickness and poverty that has brought about the practice of home industries. These are not found occasionally or sporadically, but form a large and constant part of the industries of a community, and their bearing upon public health in the transmission of tuberculosis is not to be neglected.

During the past two years the writer has visited, not once, but repeatedly, 915 households in which there was tuberculosis. In 327 of these, that is, in nearly 35 per cent. of the whole number, home industries of some sort were being regularly carried on. The nature of these employments is shown in the accompanying table. Nearly all of them come under the head of "light work," and as such are carried on by the consumptive individuals themselves. Exceptions are laundry and sweatshop work, which are usually performed by some member of the family other than the patient, although even in these cases the patient may be found assisting in some portions of the work. But even where the patient himself has no share in the industry it is almost invariably carried on in the room where he sits or lies. In either case, whether the patient himself carries on the work or not, the factor of contagion is constant. The amount of harm that results from following that easy and pernicious advice to do "light work" often given to tuberculous patients may be better illustrated when the various kinds of work are considered in detail with reference to the means which they afford for giving infection, setting aside the injury which may result to the patient himself, here touched upon only incidentally.

Among these employments laundry work stands at the head of the list as the form of occupation resorted to in 76 per cent. of the cases examined. The reason for its frequency is at once apparent; it is the easiest form of unskilled labor, and the means to undertake it are at hand in every house. The actual washing is usually done by some member of the family other than the patient, though if the latter is a woman she frequently assists in the ironing. In any case, the heat and steam incidental to washing are exceedingly irritating, and cause the patient to cough and expectorate freely. Even when not pressed into service for ironing, the patient, if able to sit up, invariably spends his time in the kitchen where the work is being done, and where, especially in winter, the clothes are hung to dry. Often when a patient is too sick to sit up, his bed is brought into the kitchen or into an adjoining room, and is used as a receptacle for the newly-ironed clothes, where they remain to be coughed over until finally placed in the clothes basket to be taken home. Clothes taken by the laundress on Monday morning remain in her house, as a rule, most of the week, often

until Saturday night. Therefore, if there is tuberculosis in the family, the chances are very great that the clothes have become contaminated. In 187 out of the 229 families visited in which laundry work was done there was 1 case of tuberculosis in each, in 27 families there were 2 cases each, in 12 families there were 3 cases, and in 3 families 4 members had the disease. Under such circumstances the "clean" clothes must necessarily contain a larger or smaller number of tubercle bacilli. In most of these instances, particularly when the quality of the work is inferior, a large proportion of this washing and ironing is done for neighbors or for people only a grade or so higher in the social scale than the laundress. In Baltimore, however, with its large negro population, where colored laundresses are commonly employed by well-to-do people, many of the clothes washed under these conditions go back into the homes of the upper classes. In either case the risk is the same. To use a handkerchief, to sleep on a pillow case or between sheets that have been handled and coughed upon by a consumptive is not a safe procedure. Moreover, the washing is done week after week by the same laundress for the same employers, and thus there arises a condition of constant or repeated exposure highly favorable to the implantation of the bacillus. In two instances the napkins and tablecloths used in certain restaurants were washed by laundresses in whose families tuberculosis existed, and in both cases the folding of the linen was done by the consumptive himself. The risks from the use of table linen thus exposed to infection are not as great as from the use of body or bed linen similarly exposed; nevertheless there is danger for the regular patrons of these restaurants, and infected napkins should not be overlooked as a probable factor in the spread of this disease.

The danger arising from sweatshop work is probably, on the whole, less than that arising from laundry work. The possibility of contagion is present, to be sure, and ought not to be neglected. But in the case of washable goods the danger is often minimized by the purchaser's having the garments washed before using them (unless, to be sure, infection is renewed through the condition of laundry work); and in the case of woolen clothing, the first few hours of wearing in the sunlight will probably kill the tuberculosis germs; at any rate, the supply of bacilli is not renewed week after week, as is the case in laundry work, and thus the danger is allowed to diminish and die out. The same holds good of dress-making and other sewing done independently, whether washable or non-washable goods are used. In shoemaking or cobbling the contagion of the materials handled is of relatively small importance owing to the character of the product, but the customary use of the tiny, ill-ventilated shops as social centers makes them also centers of contagion.

On the other hand, many of the other employments given in the

table are from their very nature in the highest degree sources of infection, and first of these may be mentioned baby farming. In the case which came under the writer's observation two old women, both too far advanced in tuberculosis to undertake any more active employment, took in babies to board at the rate of \$1 a week. Nine children, ranging in age from a few weeks to three or four years old, were found in their charge, living in a foul, dark kitchen, fed and handled by these two consumptives, the conditions of their existence favoring in every respect their contraction of the disease. Baby tending as an occupation for consumptives offers a similar menace, except that the children do not remain with the caretaker at night, but are taken home when their mothers return from their work in the evening. The consumptives who undertake this employment compete with the day nursery, over which they have, as a rule, the advantage of living nearer to the child's home, which makes their offers seem more practical to ignorant mothers.

The keeping of small grocery stores by consumptives is another menace to the health of the community. Many an advanced consumptive, too ill for other work, if he can borrow or otherwise get together \$50, is able to set himself up in a fairly well-paying little business. The milk sold in these small shops, already bad enough, is now subject to still further contamination from dirty, germ-laden fingers. Bread and other foodstuffs are also handled by the shopkeeper, and children come at all hours to give a penny for a bit of pink or green confectionery offered to them by the same infected hands. These small shops have their regular customers who deal with them daily, and are thus continuously exposed to the danger arising from the ingestion of tubercle bacilli. Even with a temperature of 102 degrees the consumptive can still do the "light work" required in the sale of milk, candy and other foodstuffs.

Cook shops also may be carried on under similar conditions. These little places, consisting usually of a dining-room and kitchen, provide cheap meals for laborers, generally negroes. Fish and vegetables are prepared and cooked in the kitchen by the consumptive, usually in this case a woman. When no longer able to cook, she does "light work" in connection with the dining-room, washing dishes, wiping off the oilcloth on the tables, setting the tables and waiting on the customers. These places also have regular customers, who are thus repeatedly exposed to infection. In this category also may be placed the oyster saloons or "parlors," kept by very advanced consumptives in both instances noted in the table. These "parlors" are fitted up with a few tables and chairs, and here raw oysters are sold to unsuspecting customers, either to be eaten on the spot or carried home. These oysters are "shucked" or opened by the consumptives themselves between violent paroxysms of coughing.

One woman who was far gone in tuberculosis ran a soup kitchen for the sake of the scanty income brought in by the sale of soup to her neighbors. Another case in which the home industry carried on by a tuberculous patient led to the infection of food was found in a woman whose occupation consisted in wrapping candies in colored paper, to be sold to children at a penny apiece in the small shops.

The keeping of boarding or lodging houses is not as frequent an occupation among consumptives as might be supposed, probably for the reason that the patients cannot afford the first cost of the undertaking. But where this is done, there can be no question of the danger to the boarder or "sleeper."

In the three cases noted in which consumptives were carrying on the trade of barbers, this occupation had already been carried on before the contraction of the disease, but being itself "light work," the patients were able to continue it long after they were in advanced stages. One of them, who had himself contracted tuberculosis from a customer, showed himself entirely indifferent to the number of others whom he might infect.

One old colored woman, a consumptive, living alone, could devise no better way of earning a living than by setting up a "church" or "mission" in her front parlor. Here she held services twice a day during the week and all day on Sunday. She was a wonderful "exhorter," and got together all the darkies of the alley without difficulty. Day after day she would pray and exhort, till an attack of coughing would be the signal for passing around the hat, thus ending the meeting.

With the same object, that of earning a living, but by an opposite method, a gambling den was set up by two advanced consumptives, man and wife. For two years they ran their establishment with great success. In their two rooms a crowd of negroes assembled every night to drink and shoot craps. The police dealt gently with the proprietors, realizing that the latter had no other means of support.

From the foregoing instances and from other cases noted in the table but not described in detail some idea may be obtained as to the different kinds of home industries undertaken by members of families in which tuberculosis was present, or by tuberculous patients themselves, and the result to the neighborhood and elsewhere in the spread of infection may be inferred. In all the cases mentioned thus far the employment was carried on in the patient's own home, whether by the patient himself or not. It now remains to consider briefly the various kinds of work undertaken by advanced chronic cases in other homes and families than their own. For the most part these people are not able to stand the confinement and regularity of factory life, yet they are still able to go out from their own roofs to earn a scanty living elsewhere. Many of them undertake some of the kinds of work already specified in the tables, but under these circumstances these occupations have the extra disadvantage of infecting fresh households by bringing the

disease directly into them. Many waiters in restaurants, hotel chambermaids, domestic servants, bartenders and others in similar employments belong to this class, of which, however, it is impossible to get exact statistics. Those tuberculous patients who are thus employed do not as a rule continue long at their work; probably for only a few weeks or months at most—the progress of their disease compels them to seek still lighter work between the intervals of being confined to the house or bed.

Instances of this were found in one man, far advanced, whose business was washing milk bottles in a dairy; another such patient worked in a drug store, preparing syrups, making ice cream and shaving ice for the fountain. "Oyster shucking" or opening oysters for the market is a favorite occupation for consumptives of this sort. This work is done in little sheds or stables; with an open end which admits quantities of fresh cold air, a condition which might seem to be favorable for the patient, but as a matter of fact it means that the winter wind penetrating the insufficient clothing of the workers as they sit on stools before piles of oysters aggravates their coughing to a terrible degree.

The position of child's nurse is often sought by tuberculous patients under the impression that this work will mean a large amount of time out of doors, the danger to the child not entering into consideration. A case illustrating this point of view both on the part of the patient and of those who had authority in the matter occurred only a few weeks ago. A girl of 15 applied to the Industrial Bureau for a permit to work in a factory. She was refused on the ground that she was tuberculous, but at the same time another permit was offered her, with the advice that she undertake the occupation of child's nurse as suitable "light work!" Truly, not only the factory but the home as well must be guarded from the entrance of tuberculosis infection if the ravages of the disease are to be stopped.

In the attempt to check the spread of tuberculosis among the class of people dealt with by the visiting nurse, her work cannot in the nature of things suffice for the attainment of this object. Even when her instructions have been received apparently with the most careful attention and a sincere desire to carry them out faithfully, allowance must be made for unintentional carelessness and for ignorance whose manifestations cannot always be foreseen. The carrying out of the precautions necessary for rendering the consumptive harmless to the community cannot in most cases be relied on. To strike at the source of supply is the only way to stop the output of tuberculous patients, and the only way in which this can be accomplished is by the segregation of advanced cases. Large hospitals several miles or hours distant from the city will not suffice; the patients prefer to die at home rather than go to them. If, however, every city hospital receiving a municipal appropriation were compelled to open a ward for tuberculous patients, and if the segregation of advanced cases in these wards were made compulsory, we should be spared the pitiful sight of

dying consumptives trying to wring a scant livelihood from the community to which they are a menace. In many cases both the patient and his family would gladly avail themselves of such a provision, but to make this method thoroughly efficient, segregation should be made strictly compulsory.

As long as advanced and dangerous cases are not provided for, as long as these patients are allowed to live at home, they are a menace to all the other members of their families: As long as any household in which there is tuberculosis is compelled to establish an industry beneath its roof, that household will be a menace to the portion of the community which uses the products of this industry. As long as tuberculous individuals go into the homes of the well-to-do to undertake any kind of "light work" that will keep body and soul together, they are a menace to the so-called upper classes. Until we fully realize all of this and provide comfortable and adequate places in which the helpless victims of this disease among the wage-earning classes can be cared for, we shall always have tuberculosis among us.

Number of households visited containing tuberculous patients. 915
Number of above in which home industries were carried on. 327

Occupation.	No. of families in which each occupation occurred.
I. Carried on by members of patient's family (patient sometimes assisting).	
Laundry work (ordinary).....	229
Laundry work (for restaurant).....	2
Sweatshop work (washable goods)....	9
Sweatshop work (non-washable goods).	10
2. Carried on by patient himself.	
Dressmaking.....	11
Shoemaking.....	7
Baby farm.....	1
Baby tending.....	3
Grocery store.....	14
Cook shop.....	4
Soupmaking.....	1
Oyster saloon.....	2
Candy packing.....	1
Barber.....	3
Boarding-house.....	3
Lodging.....	8
Mission.....	1
Gambling den.....	1
Florist.....	1
Intelligence office.....	2
Bar or saloon keeper.....	8
Hebrew teacher.....	1
Butcher shop.....	2
Tobacco shop.....	1
Dry goods shop.....	2

Book Reviews.

THE STANDARD FAMILY PHYSICIAN. By Prof. Carl Reissig, M.D., and Smith Ely Jelliffe, A.M., M.D., Ph.D. Volumes I and II. Funk & Wagnalls Company. 1907.

These two handsome, well-illustrated volumes would make an ideal graduation gift to a trained nurse. To the mother of a family in an isolated region they would be equally valuable, as they contain only a small proportion of contents too technical for an intelligent mother. There is an immense amount of valuable, up-to-date information in them on almost every subject in regard to which a person who has to take non-professional charge of a family might desire to be instructed—hygiene, house sanitation, medical botany, physical exercises, nursing, first aid to the injured are all there. A good description of diseases is given, with simple suggestions concerning treatment, yet the care of a physician is always urged. There are dose tables of drugs and antidotes. There are descriptions of electrical and other methods of treatment. Sexual topics, begetting morbid curiosity, are almost wholly excluded. As Mrs. Micawber, in the rare moments when both of the twins were detached from her, pored intently over Buchan, so might the modern mother over these volumes, gaining therefrom wisdom for the guidance of her little family and intelligence to carry out the doctor's directions in time of illness.

THE REDUCTION OF CANCER. By Hon. Rollo Russell. London: Longmans, Green & Co.

A small octavo, attractively gotten up, but containing only old theories and deductions from imperfect statistics. A book of no value to the medical profession.

POCKET MEDICAL FORMULARY. By E. Quin Thornton, M.D. New (eighth) edition, revised to conform with the new U. S. Pharmacopeia. Price \$1.50 net. Philadelphia and New York: Lea Bros. & Co. 1907.

There are times when even the most expert practitioner feels the need of a ready formula for a disease condition with which he is not quite familiar, or when he wishes he could write some new prescription which his patient would not comment on as an old chestnut. It is handy then to have on his office table or in his pocket a little booklet such as this, looking exactly like a pocket visiting list, full of up-to-date, common-sense formulas, brought into harmony with the latest pharmacopeia, and containing, besides, dose lists, table of incompatibles and of antidotes.

Composing your own prescriptions is all right when you have leisure to think and to consult textbooks, but with a nervous patient's eyes glued on you it is no joke—the think-spot won't work, and we bungle or write the same old thing; besides, the writers on therapeutics are getting so high-toned nowadays that they will not give you nice little formulas, such as we practiced on after graduation—formulas by masters of the art, of well-tried drugs, wisely combined. This Lea Bros. have revived in their "Pocket Formulary."

A. K. B.



PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

\$50,000

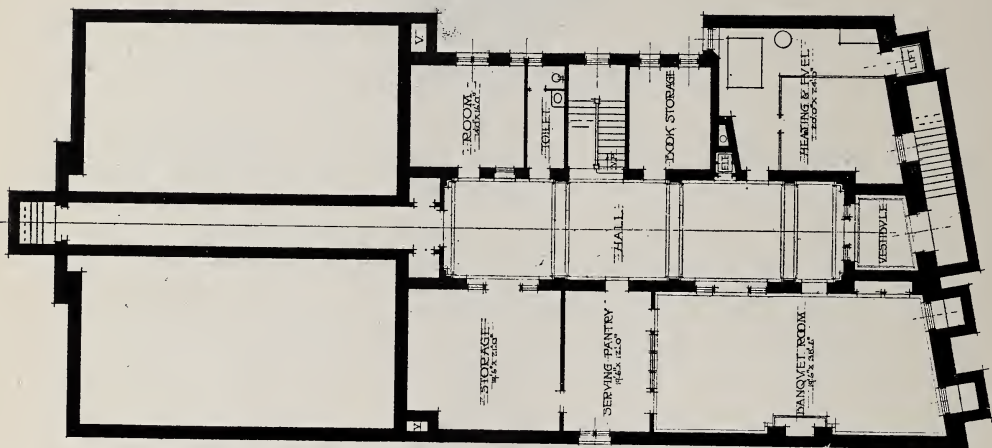
TO BE RAISED BY APRIL 30, 1908

"Watch It Grow"

	1st Wk.	2d Wk.	3d Wk.	4th Wk.	Totals
State Appr'tion.					\$12,500.00
Theatre Benefit.					\$553.75
April	\$115	\$50	\$1,000	\$225	\$1,390.00
March.....	\$395	\$240	\$553	\$255	\$1,443.00
February	\$236	\$444	\$310	\$100	\$1,090.00
January.....	\$100	\$270	\$615	\$1,515	\$2,500.00
December.....	\$105	\$145	\$175	\$165	\$590.00
November....	\$451	\$1,001	\$300	\$265	\$2,023.00
October	\$480	\$195	\$280	\$245	\$1,200.00
Subscriptions to October, 1907					\$4,273.00
Aaron Friedenwald Fund					\$1,540.47
Osler Fund.....					\$19,150.00
Value of Present Realty					\$15,000.00

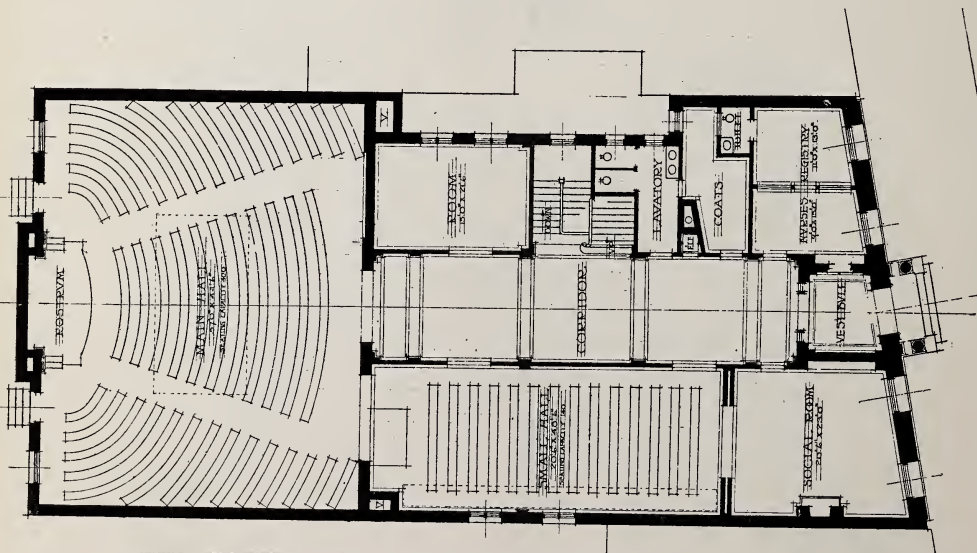
TENTATIVE PLANS FOR THE NEW MEDICAL LIBRARY BUILDING.

BASEMENT.



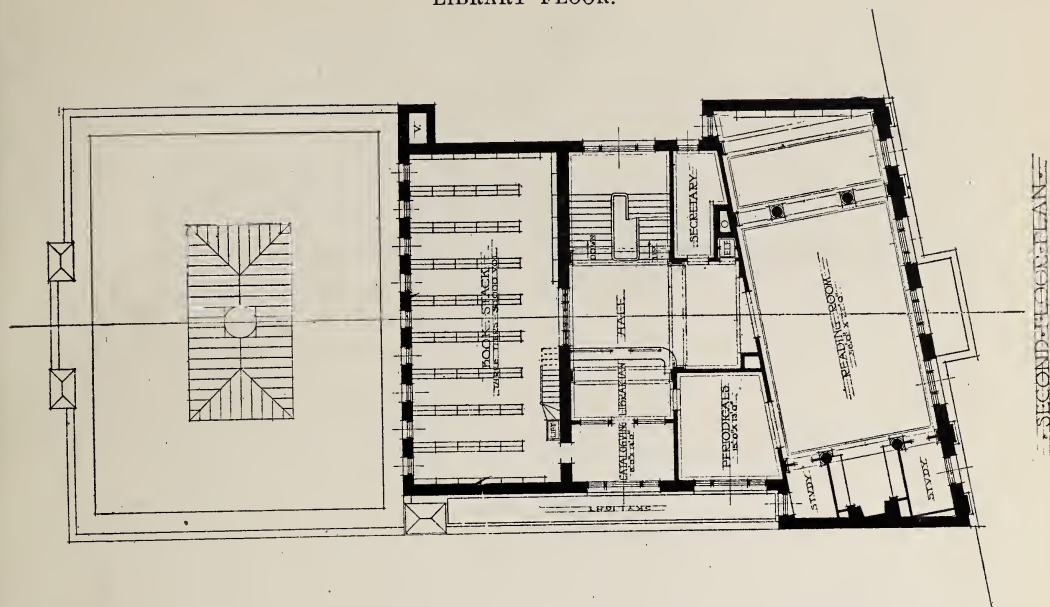
BASEMENT PLAN

FIRST FLOOR.

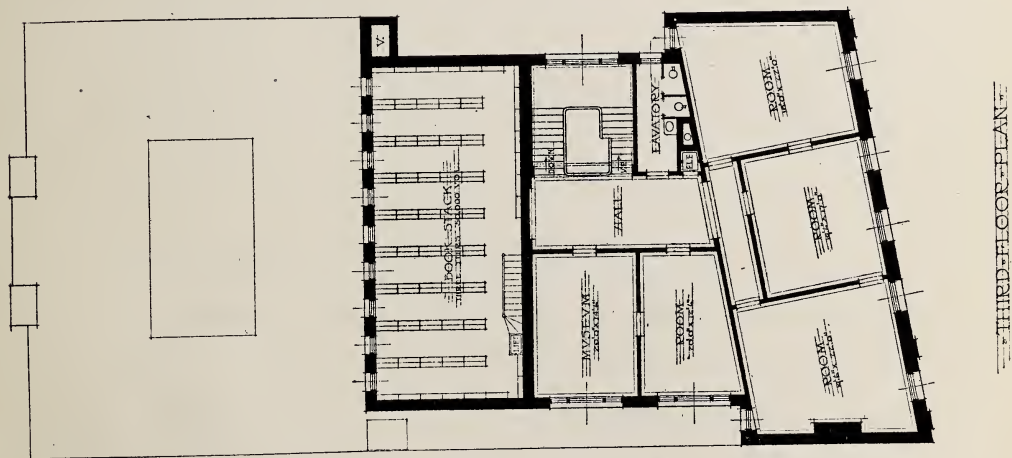


FIRST FLOOR PLAN

LIBRARY FLOOR.



THIRD FLOOR.



ELLCOTT & EMMART, Architects.

The campaign which has been conducted during the past six months to raise \$50,000 for the New Medical Library Fund has been very successful, as shown by the diagram on the preceding page.

Plans for the new building are being prepared and active work will be continued until the required sum is in hand. The interest and enthusiasm shown by the county members is very gratifying. Every member of the Faculty realizes the importance of the New Library Building to the profession of the State and, secondarily, to the public. Can we not interest our friends among the laity to contribute

to this cause which will benefit every person in the State of Maryland?

From now until April 30, 1909, every member of the Faculty should put his or her shoulder to the wheel and help increase the Fund. If we do as well in the coming twelve months as we did during the past six, the New Building will be completed, paid for and a reserve fund in hand. Is this not sufficient inducement to urge every one of us to a renewed effort to contribute our part whether it be much or little? If you have given all you can afford, then get some one else to give. If you have not contributed to the Fund, do so now as the money is needed.

COUNTY MEDICAL SOCIETY MEETINGS.

ALLEGANY COUNTY MEDICAL SOCIETY.

The Allegany County Medical Society meets every Wednesday in their rooms at the Court House, Cumberland, at 8 P. M. *except* the last Wednesday of each month, when the meeting is called at 2 P. M. The Post Graduate line of study as outlined by the A. M. A. is being carried out and much interest is taken in the work.

WILLIAM R. FOARD, Secretary.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY.

The social meeting at "Batcheller's Joy," the home of Dr. T. H. Brayshaw, will be held on June 18, not in May as previously stated.

BALTIMORE COUNTY MEDICAL SOCIETY.

Leading physicians of Baltimore county gathered at the Stafford Hotel Wednesday evening, May 13, at the annual banquet of the Baltimore County Medical Association, which was addressed by Dr. A. D. McConachie and other prominent members of the medical profession.

Dr. L. Gibbons Smart explained the work of the association and Judge Frank I. Duncan, of Towson, made some witty remarks in responding to the toast "Medico-Legal." "The Ladies" were lauded by Dr. J. F. H. Gorsuch. Dr. Josiah S. Bowen also spoke.

The officers of the organization are: President, Dr. Benjamin Whitely; vice-president, Dr. Josiah S. Bowen; treasurer, Dr. William L. Smith; corresponding secretary, Dr. R. C. Massenburg; recording secretary, Dr. H. C. Hess.

CARROLL COUNTY MEDICAL SOCIETY.

A meeting of the Carroll County Medical Society was held at Springfield State Hospital, Sykesville, Md., on Wednesday, May 6th, 1908. Members met in Westminster, and left in a body for the Hospital at 9.30 A. M.; livery teams were provided to accommodate all. Dinner was served at one o'clock, and the meeting called at two o'clock. The program was furnished by Dr. J. Clement Clark, Supt. of Hospital, and all present spent a pleasant and profitable day.

CHARLES R. FOUTZ, Secretary.

HOWARD COUNTY MEDICAL SOCIETY.

The regular meeting of the Howard County Medical Society was held Tuesday, May 5th, at Ellicott City, Md.

The subject for discussion was "Summer intestinal diseases of children." Interesting papers were read by Drs. Eareckson, Williams, Fort and Tumbleson.

A very interesting report of the proceedings of the late State Faculty meeting was given by our delegate, Dr. S. J. Fort.

The following members were present: Drs. Cissel, Gambrill, Eareckson, Williams, Tumbleson, Nichols, Fort, Stone and Miller.

F. O. MILLER, Secretary.

QUEEN ANNE COUNTY MEDICAL SOCIETY.

The spring meeting of the Queen Anne County Medical Society was held at the Arlington Hotel, Centreville, May 13, 1908.

There were nine members present.

Dr. W. G. Coppage was elected president to fill out the unexpired term of Dr. H. R. Hopkins, who has removed to California.

The following papers were read and discussed by all the members present:

"Surgery the country practitioner is justifiable in attempting," by Dr. R. H. Ford.

"My impressions of Saranac as a resort for the treatment of tuberculosis," by Dr. Norman Dudley.

E. F. SMITH, Secretary.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

OFFICERS AND COMMITTEES FOR 1908-1909.

President—Brice W. Goldsborough.

Vice-Presidents—P. Briscoe, W. L. Smith, G. Milton Linthicum.

Secretary—John Ruhräh. *Treasurer*—W. S. Gardner.

Board of Trustees—E. N. Brush, C. C. Chew, J. W. Humrichouse, J. W. Chambers, H. M. Hurd, L. McL. Tiffany, W. Brinton, J. M. H. Rowland, C. M. Ellis, G. L. Taneyhill.

State Board of Medical Examiners—Herbert Harlan, J. McP. Scott, Franklin B. Smith, James A. Stevens, W. W. Goldsborough, L. A. Griffith, B. W. Goldsborough, W. M. Dabney.

Councillors—Robert W. Johnson, C. O'Donovan, Guy Steele, St. C. Spruill, W. R. Eareckson, L. C. Carrico, H. Bratton, L. F. Barker, Hiram Woods, H. B. Gantt, A. H. Hawkins.

Delegates to American Medical Association—1907-08, Harry Friedenwald; *alternate*, G. Milton Linthicum; 1908-09, G. Lane Taneyhill; *alternate*, Herbert Harlan.

Committee on Scientific Work and Arrangements—J. A. Chatard, F. W. Janney, John Ruhräh.

Committee on Public Policy and Legislation—C. H. Jones, W. F. Hines, T. M. Chaney.

Library Committee—J. W. Williams, C. B. Gamble, H. B. Jacobs, W. H. Cushing, T. C. Worthington.

Memoir Committee—J. T. Smith, J. T. King, C. C. McDowell, C. E. Sadtler, F. M. Slemmons.

Committee for Fund for Relief of Widows and Orphans of Deceased Members—E. F. Cordell, Theodore Cook, Jr., E. C. Gibbs, George Broadrup, S. J. Fort.

Committee to Confer with Lay Press—A. P. Herring, E. H. Hayward, E. B. Claybrook, Standish McCleary, Louis Hamman.

Committee on Public Instruction—E. Novak, W. A. Fisher, A. H. Whitridge, W. B. Perry, R. H. Johnston.

Committee on Medical Education—W. H. Howell, David Streett, C. F. Bevan, R. Winslow, J. B. Schwatka.

Auxiliary Congressional and Legislative Committee of the American Medical Association—William T. Riley.

Committee on Sanitary and Moral Prophylaxis—D. R. Hooker, O. E. Janney, Lillian Welsh, A. B. Gaither, J. K. B. E. Seegar.

Committee on Tuberculosis—Gordon Wilson, F. Martin, H. W. Buckler, J. H. Pleasants, J. O. Purvis.

Committee on Midwifery—Guy Steele, J. M. H. Rowland, Mary Sherwood, J. E. Deets, J. J. Carroll.

LIST OF PRESIDENTS—1799-1909.

- 1799-1801—Upton Scott.
1801-1815—Philip Thomas.
1815-1820—Ennalls Martin.
1820-1826—Robert Moore.
1826-1836—Robert Goldsborough.
1836-1841—Maxwell McDowell.
1841-1848—Joel Hopkins.
1848-1849—Richard Sprigg Steuart.
1849-1850—Peregrine Wroth.
1850-1851—Richard Sprigg Steuart.
1851-1852—William W. Handy.
1852-1853—Michael S. Baer.
1853-1854—John L. Yeates.
1854-1855—John Fonerden.
1855-1856—Jacob Baer.
1856-1857—Christopher C. Cox.
1857-1858—Joshua I. Cohen.
1858-1859—Joel Hopkins.
1859-1870—Geo. C. M. Roberts.
1870—John R. W. Dunbar.
1870-1872—Nathan R. Smith.
1872-1873—P. C. Williams.
1873-1874—Charles H. Ohr.
1874-1875—Henry M. Wilson.
1875-1876—John F. Monmonier.
1876-1877—Christopher Johnston.
1877-1878—Abram B. Arnold.
1878-1879—Samuel P. Smith.
1879-1880—Samuel C. Chew.
1880-1881—H. P. C. Wilson.
1881-1882—Frank Donaldson.
1882-1883—William M. Kemp.
1883-1884—Richard McSherry.
1884-1885—Thomas S. Latimer.
1885-1886—John R. Quinan.
1886-1887—George W. Miltenberger.
1887-1888—I. Edmondson Atkinson.
1888-1889—John Morris.
1889-1890—Aaron Friedenwald.
1890-1891—Thomas A. Ashby.
1891-1892—Wm. H. Welch.
1892-1893—L. McLane Tiffany.
1893-1894—George H. Rohé.
1894-1895—Robert W. Johnson.
1895—J. Edwin Michael.
1895-1896—Charles G. Hill.
1896-1897—William Osler.
1897-1898—Charles M. Ellis.
1898-1899—Samuel C. Chew.
1899-1900—Clotworthy Birnie.
1900-1901—Samuel Theobald.
1901-1902—J. McPherson Scott.
1902-1903—Wm. T. Howard.
1903-1904—Eugene F. Cordell.
1904-1905—Edward N. Brush.
1905-1906—Samuel T. Earle, Jr.
1906-1907—Hiram Woods.
1907-1908—Charles O'Donovan.
1908-1909—Brice W. Goldsborough.

LIST OF VICE-PRESIDENTS.

- 1799-1848—(Unknown.)
 1848-1849—John Readell, Jacob Baer, P. Wroth.
 1850-1851—Joel Hopkins, P. Wroth, Jacob Fisher.
 1851-1853—(Unknown.)
 1853-1854—John Fonerden, Albert Ritchie, P. Wroth.
 1854-1855—Geo. C. M. Roberts, Samuel P. Smith, Joel Hopkins.
 1855-1856—George C. M. Roberts, G. W. Miltenberger, M. Diffenderffer.
 1856-1857—P. Wroth, Wm. H. Davis, Samuel Smith.
 1857-1858—William Waters, Frederick Dorsey, Joel Hopkins.
 1858-1859—Samuel Chew, Stephen N. C. White, Samuel K. Handy.
 1859-1863—John R. W. Dunbar, Samuel Chew, Wm. M. Kemp.
 1863-1871—John R. W. Dunbar, Wm. M. Kemp, John C. Hopkins.
 1871-1872—C. H. Ohr, Edward Warren, Richard McSherry.
 1872-1873—(Unknown.)
 1873-1874—S. C. Chew, H. M. Wilson, A. B. Arnold.
 1874-1875—Francis T. Miles, James A. Steuart, D. A. O'Donnell.
 1875-1876—Christopher Johnston, A. B. Arnold, J. C. Thomas.
 1876-1877—P. C. Williams, James A. Steuart, Francis T. Miles.
 1877-1878—S. C. Chew, F. E. Chatard, Charles H. Jones.
 1878-1879—James C. Thomas, L. McLane Tiffany.
 1879-1880—H. P. C. Wilson, James A. Steuart.
 1880-1881—L. McLane Tiffany, G. Ellis Porter.
 1881-1882—A. H. Bayly, I. E. Atkinson.
 1882-1883—Thomas S. Latimer, Richard McSherry.
 1883-1884—W. Stump Forward, J. S. Lynch.
 1884-1885—John R. Quinan, I. E. Atkinson.
 1885-1886—E. C. Baldwin, J. E. Michael.
 1886-1887—Thomas Opie, Richard Gundry.
 1887-1888—Charles H. Jones, James Carey Thomas.
 1888-1889—J. E. Michael, Thomas P. Evans.
 1889-1890—T. A. Ashby, C. G. W. Macgill.
 1890-1891—Geo. H. Rohé, J. McPherson Scott.
 1891-1892—J. W. Humrichouse, David Streett.
 1892-1893—J. W. Downey, J. W. Chambers.
 1893-1894—John D. Blake, John S. Fulton.
 1894-1895—Charles H. Jones, W. M. Nihiser.
 1895-1896—Charles G. Hill, Clotworthy Birnie.
 1896-1897—Wilmer Brinton, Randolph Winslow.
 1897-1898—W. F. A. Kemp, George J. Preston.
 1898-1899—Mary Sherwood, J. McPherson Scott.
 1899-1900—Samuel Theobald, David Streett.
 1900-1901—Samuel T. Earle, Jr., J. B. R. Purnell.
 1901-1902—Harry Friedenwald, B. W. Goldsborough.
 1902-1903—Samuel T. Earle, Jr., Wilmer Brinton.
 1903-1904—Franklin B. Smith, James M. Craighill.
 1904-1905—Samuel T. Earle, Jr., D. C. R. Miller, Julius A. Johnson.
 1905-1906—Charles O'Donovan, Thomas M. Chaney, Joseph B. Seth.
 1906-1907—William T. Watson, Philip Briscoe, William F. Hines.
 1907-1908—Roger Brooke, Henry L. P. Naylor, George Dobbin.
 1908-1909—Philip Briscoe, William L. Smith, G. Milton Linthicum.

COMPONENT SOCIETIES OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

LIST OF OFFICERS AND DATES OF MEETINGS.

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.*

ALLEGANY COUNTY MEDICAL SOCIETY.

President—GEO. L. BROADRUP, Cumberland, Md.
 Secretary-Treasurer—WILLIAM R. FOARD, Cumberland, Md.
 Every Wednesday for Post-graduate work.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY.

President—H. B. GANTT, Millersville, Md.
 Secretary—L. B. HENKEL, JR., Annapolis, Md.
 Treasurer—F. H. THOMPSON, Annapolis, Md.
 Second Tuesdays of January, April, July and October.

BALTIMORE CITY MEDICAL SOCIETY.

President—WILMER BRINTON, 1232 N. Calvert St., Baltimore, Md.
 Secretary—W. E. MAGRUDER, 922 Madison Ave., Baltimore, Md.
 Treasurer—W. S. GARDNER, 6 W. Preston St., Baltimore, Md.
 First Tuesday in December and April.

BALTIMORE COUNTY MEDICAL SOCIETY.

President—RICHARD F. GUNDRY, Catonsville, Md.
 Secretary—R. C. MASSENBURG, Towson, Md.
 Treasurer—W. L. SMITH, Rider, Md.
 Towson, third Thursday, April to October, 2 P. M.; November to March, 1 P. M.

CALVERT COUNTY MEDICAL SOCIETY.

President—E. H. HINMAN, Lower Marlboro, Md.
 Secretary—W. H. TALBOT, Willows, Md.
 Treasurer—J. W. LEITCH, Huntingtown, Md.
 Second Tuesday in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY.

President—THEO. SAULSBURY, Buftville, Md.
 Secretary-Treasurer—J. R. DOWNS, Preston, Md.

CARROLL COUNTY MEDICAL SOCIETY.

President—GEORGE H. BROWN, New Windsor, Md.
 Secretary-Treasurer—CHARLES R. FOUTZ, Westminster, Md.
 April, July, October, December; annual meeting December.

CECIL COUNTY MEDICAL SOCIETY.

President—H. BRATTON, Elkton, Md.
 Secretary-Treasurer—C. P. CARRICO, Cherry Hill, Md.
 Third Thursday at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY.

President—JOHN W. MITCHELL, Pomonkey, Md.
 Secretary-Treasurer—THOMAS S. OWEN, La Plata, Md.
 Third Tuesday in May, August and November.

DORCHESTER COUNTY MEDICAL SOCIETY.

President—JOHN MACE, Cambridge, Md.
 Secretary-Treasurer—W. H. HOUSTON, Fishing Creek, Md.
 Meetings first Tuesday in May and December at Cambridge.

FREDERICK COUNTY MEDICAL SOCIETY.

President—D. E. STONE, Mt. Pleasant, Md.
 Secretary—I. J. MCCURDY, Frederick, Md.
 Treasurer—W. A. LONG, Frederick, Md.
 January, April, August and November.

GARRETT COUNTY MEDICAL SOCIETY.

President—H. W. MCCOMAS, Oakland, Md.
 Secretary-Treasurer—J. G. SELBY, Eglon, W. Va.
 Second Tuesday in May.

HARFORD COUNTY MEDICAL SOCIETY.

President—CHARLES BAGLEY, Bagley, Md.
 Secretary-Treasurer—R. S. PAGE, Belair, Md.
 Second Wednesday in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY.

President—W. W. CISSEL, Highland, Md.
 Secretary-Treasurer—F. O. MILLER, Ellicott City, Md.
 Meetings (monthly) first Tuesday in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY.

President—G. I. BARWICK, Kennedyville, Md.
 Secretary-Treasurer—H. G. SIMPERS, Chestertown, Md.

MONTGOMERY COUNTY MEDICAL SOCIETY.

President—C. FARQUHAR, Olney, Md.
 Secretary-Treasurer—J. L. LEWIS, Bethesda, Md.
 Third Tuesday in April and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.

President—J. CRONMILLER, Laurel, Md.
 Secretary—H. B. McDONNELL, College Park, Md.
 Treasurer—E. O. ETIENNE, Berwyn, Md.
 Second Saturday of every second month.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY.

President—W. G. COPPAGE, Church Hill, Md.
 Secretary-Treasurer—ERNEST F. SMITH, Centreville, Md.

ST. MARY'S COUNTY MEDICAL SOCIETY.

President—THOMAS LYNCH, Leonardtown, Md.
 Secretary-Treasurer—J. O. KING, Oakville, Md.
 Second Tuesday in May and October at Leonardtown.

SOMERSET COUNTY MEDICAL SOCIETY.

President—WILLIAM F. HALL, Crisfield, Md.
 Secretary-Treasurer—RALPH L. HOYT, Oriole, Md.
 First Tuesday in April at Crisfield; first Tuesday in November at Princess Anne

TALBOT COUNTY MEDICAL SOCIETY.

President—J. A. STEVENS, Easton, Md.
 Secretary-Treasurer—J. B. MERRITT, Easton, Md.
 Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY.

President—A. C. MAISCH, Hagerstown, Md.
 Secretary—VICTOR D. MILLER, Jr., Hagerstown, Md.
 Treasurer—H. K. DERR, Hagerstown, Md.
 Second Thursday of February, May, September and November.

WICOMICO COUNTY MEDICAL SOCIETY.

President—F. M. SLEMONS, Salisbury, Md.
 Secretary—D. B. POTTER, Salisbury, Md.
 Treasurer—E. W. HUMPHREYS, Salisbury, Md.

WORCESTER COUNTY MEDICAL SOCIETY.

President—J. S. AYDELOTTE, Snow Hill, Md.
 Secretary—R. LEE HALL, Pocomoke City, Md.
 Treasurer—PAUL JONES, Snow Hill, Md.
 May and October.

ACTIVE MEMBERS OF COMPONENT SOCIETIES.

Allegany County Medical Society.

Barkdoll, Frank L., Cumberland, Md.
 Boucher, S. A., Barton, Md.
 Brace, Charles H., Cumberland, Md.
 Broadrup, George L., Cumberland, Md.
 Buell, M. Catherine, Cumberland, Md.
 Bullock, James O., Lonaconing, Md.
 Claybrook, Edwin B., Cumberland, Md.
 Cobey, James C., Frostburg, Md.
 Conroy, Timothy L., Frostburg, Md.
 Duke, Edgar T., Cumberland, Md.
 Fechtig, Robert Y., Cumberland, Md.
 Foard, William R., Cumberland, Md.
 Franklin, A. Leo, Cumberland, Md.
 Gardner, Charlotte B., 20 South Liberty street, Cumberland, Md.
 Griffith, Timothy, Frostburg, Md.
 Harris, Edward, Jr., Cumberland, Md.
 Hawkins, Arthur H., Cumberland, Md.
 Hodges, William R., Cumberland, Md.

Hodgson, Henry M., Lonaconing, Md.
Hodgson, Henry W., Cumberland, Md.
Holdsworth, James C., Eckhart Mines, Md.
Johnson, James T., Cumberland, Md.
Jones, Emmett L., Cumberland, Md.
Koon, Thomas W., Cumberland, Md.
McDonald, Thomas B., Cumberland, Md.
McGann, John H., Barton, Md.
O'Neil, Francis P., Midland, Md.
Owens, Charles L., Cumberland, Md.
Price, James Marshall, Frostburg, Md.
Skilling, W. Quail, Lonaconing, Md.
Smith, Algernon G., Midland, Md.
Twigg, William F., Cumberland, Md.
Wailles, Henry Stevenson, Cumberland, Md.
Walker, Abbott R., Frostburg, Md.
White, Edward H., Cumberland, Md.
Wilson, Jacob Jones, Cumberland, Md.
Winterson, George C., Mt. Savage, Md.

Anne Arundel County Medical Society.

Anderson, Samuel H., Woodwardville, Md.
Benson, Thomas P., Wellhams, Md.
Billingslea, James Snow, Armiger, Md.
Brayshaw, Thomas H., Glen Burnie, Md.
Brooke, Charles H., Brooklyn, Md.
Claude, W. Clement, Annapolis, Md.
Gantt, H. B., Millersville, Md.
Henkel, Charles B., Annapolis, Md.
Henkel, Louis B., Jr., Annapolis, Md.
Hepburn, Sewall S., Annapolis, Md.
Hopkins, Walton H., Annapolis, Md.
Horton, Thomas B., Curtis Bay, Md.
Murphy, James J., Annapolis, Md.
Perrie, Alfred Hall, McKendree, Md.
Purvis, Jesse Oliver, Annapolis, Md.
Thompson, Frank H., Annapolis, Md.
Welch, William S., Annapolis, Md.
Wells, George, Annapolis, Md.
Winterson, Charles R., Elkridge, Md.
Worthington, Joseph Muse, Annapolis, Md.

Baltimore County Medical Society.

Benson, Benjamin R., Cockeysville, Md.
Benson, James Edward, Cockeysville, Md.
Bowen, Josiah S., Mt. Washington, Md.
Brush, Edward N., Towson, Md.
Bussey, Bennett F., Texas, Md.
Campbell, William H. H., Owings Mills, Md.
Cassidy, Henry F., 408 Roland avenue, Roland Park, Md.

Cornell, William Burgess, Towson, Md.
Cox, Newman H. D., Arlington, Md.
Drach, John H., Butler, Md.
Dunton, William Rush, Govans, Md.
Emory, Thomas H., Monkton, Md.
Garrett, Robert Edward, Catonsville, Md.
Gorsuch, James F. H., Fork, Md.
Green, Joshua Royston, Towson, Md.
Gundry, Alfred T., Catonsville, Md.
Gundry, Lewis H., Relay, Md.
Gundry, Richard F., Catonsville, Md.
Hall, Thomas B., Mt. Winans, Md.
Hardesty, Robert Franklin, Arlington, Md.
Harrison, Henry T., Loch Raven, Md.
Hess, Harry Clyde, Station H, Govans, Md.
Hill, Charles G., Arlington, Md.
Hocking, George H., Govanstown, Md.
Jarrett, H. S., Towson, Md.
Jarrett, J. H., Towson, Md.
Keating, Frank W., Owings Mills, Md.
Macgill, John Charles, Catonsville, Md.
Massenberg, Richard C., Towson, Md.
Mattfeldt, Charles L., Catonsville, Md.
Mitchell, A. R., Hereford, Md.
Monmonier, J. Carroll, Jr., Dickeyville, Md.
Naylor, Harry A., Pikesville, Md.
Naylor, Henry L. P., Pikesville, Md.
Patterson, Francis W., Catonsville, Md.
Peltekian, Hovhanness Kevork, Sparrows Point, Md.
Porter, Minor Gibson, Roland Park, Md.
Price, Marshall Langton, Towson, Md.
Price, T. Rome, Glyndon, Md.
Smart, L. Gibbons, Lutherville, Md.
Smith, William L., Rider, Md.
Stevenson, H. Burton, Rider, Md.
Todd, William J., Mt. Washington, Md.
Wade, J. Percy, Catonsville, Md.
West, Marshall B., Catonsville, Md.
Whiteley, Benjamin, Catonsville, Md.
Wilson, James H., Fowblesburg, Md.
Winterode, Robert Preston, Catonsville, Md.
Woodward, James S., Sparrows Point, Md.
Wyse, William P. E., Pikesville, Md.

Calvert County Medical Society.

Briscoe, Philip, Mutual, Md.
Chambers, George F., Lusbys, Md.
Chaney, Thomas M., Chaney, Md.
Hinman, Ellsworth H., Lower Marlboro, Md.
King, Isaac N., Barstow, Md.
Leitch, John W., Huntingtown, Md.

Marsh, William H., Solomon's Island, Md.
Paddy, Estep, Barstow, Md.
Talbot, William H., Willows, Md.

Caroline County Medical Society.

Downes, James Raymond, Preston, Md.
DuHadway, John, Preston, Md. (R. F. D.), or Fowling Creek.
Fisher, Percy R., Denton, Md.
Galloway, George F., Federalsburg, Md.
George, Enoch, Denton, Md.
Goldsborough, William W., Greensboro, Md.
Madara, Jacob C., Ridgely, Md.
Malone, Frederick R., Greensboro, Md.
Nichols, Frederick N., Denton, Md.
Noble, Jacob L., Preston, Md.
Phillips, James R., Preston, Md.
Rowe, H. W. B., Hillsboro, Md.
Saulsbury, Theodore, Burrsville, Md.
Silver, H. Fletcher, Goldsborough, Md.
Stone, Stephen S., Ridgely, Md.

Carroll County Medical Society.

Bare, S. Luther, Westminster, Md.
Billingslea, James H., Westminster, Md.
Birnie, Clotworthy, Taneytown, Md.
Bromwell, John E., Ridgeville, Md.
Brown, George H., New Windsor, Md.
Brown, William Durbin, Union Bridge, Md.
Carey, Charles J., Sykesville, Md.
Clarke, Joseph Clement, Sykesville, Md.
Cronk, Abraham T., Taylorsville, Md.
Cronk, Edwin D., Winfield, Md.
Devilbiss, Georgianna, Westminster, Md.
Devilbiss, John W., Westminster, Md.
Diller, Charles H., Detour, Md.
Fisher, William H., Sykesville, Md.
Fitzhugh, Henry Maynaider, Westminster, Md.
Foutz, Charles R., Westminster, Md.
Gaver, William E., Mt. Airy, Md.
Geatty, J. Sterling.
Heffenger, Clarence W., Sykesville, Md.
Hering, Joshua W., Westminster, Md.
Kemp, Luther, Uniontown, Md.
Morris, John Norfolk, Sykesville, Md.
Norris, Milton D., Eldersburg, Md.
Roop, C. E. Taneytown, Md.
Seiss, F. H., Taneytown, Md.
Sprecher, Daniel B., Sykesville, Md.
Stewart, Jacob J., Union Mills, Md.
Sullivan, Eugene M., Westminster, Md.

Waters, Somerset R., Watersville, Md.
Watt, James, Union Bridge, Md.
Weaver, John F. B., Manchester, Md.
Woodward, Lewis K., Westminster, Md.
Wright, Josephus A., Rambler, Md.
Ziegler, John S., Melrose, Md.

Cecil County Medical Society.

Black, Robert M., Cecilton, Md.
Bratton, Howard, Elkton, Md.
Carrico, Camillus P., Cherry Hill, Md.
Cawley, William D., Elkton, Md.
Clemson, Harry E., Port Deposit, Md.
Conrey, Thomas J., Chesapeake City, Md.
Dare, George S., Rising Sun, Md.
Ellis, Charles Manly, Elkton, Md.
Fisher, Samuel Groome, Jr., Port Deposit, Md.
France, Joseph Irwin, Port Deposit, Md.
Gifford, David L., North East, R. F. D., Md.
Housekeeper, Philip B., North East, Md.
Jack, W. G., Port Deposit, Md.
Jamar, John Henry, Elkton, Md.
Laws, Clifton C., Chesapeake City, Md.
Miller, Charles F., North East, Md.
Mitchell, Henry Arthur, Elkton, Md.
Rich, Herbert L., Port Deposit, Md.
Roman, Samuel T., Conowingo, Md.
Rowland, Ernest, Liberty Grove, Md.
Stump, George M., Perryville, Md.
Taylor, Leslie George, Perryville, Md.
Worrall, Theodore A., North East, Md.
Wright, Jesse J., Warwick, Md.

Charles County Medical Society.

Bicknell, George C., Pisgah, Md.
Carrico, Louis C., Bryantown, Md.
Digges, John T., Port Tobacco, Md.
Gough, Thomas Reeder, Newburg, Md.
Hannon, Samuel L., La Plata, Md.
Higdon, Thomas L., Wayside, Md.
Mitchell, John W., Pomonkey, Md.
Monroe, George Ovelton, Waldorf, Md.
Owens, Thomas S., La Plata, Md.
Speake, Samuel H., Grayton, Md.
Spencer, Ernest, Bel Alton, Md.

Dorchester County Medical Society.

Blank, Henry, Vienna, Md.
Brotemarkle, Clinton, Vienna, Md.
Carroll, Victor C., Cambridge, Md.

Goldsborough, Brice W., Cambridge, Md.
Goldsborough, Martin W., Cambridge, Md.
Hanby, Charles M., Cambridge, Md.
Houston, William H., Fishing Creek, Md.
Jones, Edgar A. P., Crapo, Md.
Linthicum, Richard L., Church Creek, Md.
Mace, John, Cambridge, Md.
Maguire, C. F., Hurlock, Md.
Myers, George Roger, Hurlock, Md.
Osler, E. R., Galestown, Md.
Price, Robert J., Vienna, Md.
Shriver, Joseph K., Jr., Taylor's Island, Md.
Smith, Benjamin L., Madison, Md.
Steele, Guy, Cambridge, Md.
Stokes, Sydney A., Cambridge, Md.
Travers, John C., Cambridge, Md.
Wolff, Eldridge E., Cambridge, Md.

Frederick County Medical Society.

Beatty, Joseph E., Point of Rocks, Md.
Beckley, Edwin Luther, Middletown, Md.
Birely, Morris A., Thurmont, Md.
Brawner, John B., Emmitsburg, Md.
Browning, Ralph R., Myersville, Md.
Claggett, Samuel, Petersville, Md.
Crum, Charles W. R., Jefferson, Md.
Devilbiss, David M., Woodville, Md.
Downey, Jesse W., New Market, Md.
Downey, Jesse W., Jr., New Market, Md.
Fahrney, Henry P., Frederick, Md.
Fout, Raymond Claude, Kemptown, Md.
Getzendanner, John W., Beaver Creek, Md.
Goldsborough, Charles W., Walkersville, Md.
Goodell, Charles F., Frederick, Md.
Goodman, James Monroe, Frederick, Md.
Haffner, Samuel T., Frederick, Md.
Hedges, Henry Slicer, Brunswick, Md.
Hendrix, John Oliver, Frederick Md.
Horne, Arlington G., Brunswick, Md.
Johnson, William Crawford, Frederick, Md.
Kable, William H., Woodsboro, Md.
Lamar, Austin A., Middletown, Md.
Lieb, Joseph H., Mt. Pleasant, Md.
Liggett, John J., Ladiesburg, Md.
Long, James A., Frederick, Md.
Long, Wilson A., Frederick, Md.
McCurdy, Ira Jay, Frederick, Md.
McKinney, David F., Limekiln, Md.
Neighbors, Eutaw D., Lewistown, Md.
Riggs, George Henry, Ijamsville, Md.

Routson, Thomas Clyde, Buckeystown, Md.
Sappington, C. T., Frederick, Md.
Sidwell, Frank H., Johnsville, Md.
Smith, Alvey J., Wolfsville, Md.
Smith, Franklin Buchanan, Frederick, Md.
Stone, Daniel Edwin, Mt. Pleasant, Md.
Stone, Daniel Edwin, Jr., Emmitsburg, Md.
Stone, Otis B., Libertytown, Md.
Thomas, Bernard O., New Market, Md.
Thomas, Joseph G., Adamstown, Md.
Trapnell, Richard W., Point of Rocks, Md.
Wachter, Charles L., Sabillasville, Md.
West, Levin, Brunswick, Md.
Yourtee, George William, Burkittsville, Md.
Zimmerman, Michael J., Walkersville, Md.

Garrett County Medical Society.

Hinebaugh, Mallon C., Oakland, Md.
Legge, John Edwin, Oakland, Md.

Harford County Medical Society.

Archer, William S., Bel Air, Md.
Bagley, Charles, Bagley, Md.
Hollingsworth, Charles A., Bel Air, Md.
Hughes, Frederick Lee, Gibson, Md.
Page, Robert Stevens, Bel Air, Md.
Richardson, Charles, Bel Air, Md.
Roth, Charles E., Edgewood, Md.
Sappington, Purnell Fletcher, Bel Air, Md.
Stier, Jay H., Perryman, Md.
Van Bibber, Armfield Franklin, Bel Air, Md.

Howard County Medical Society.

Byrne, Bernard James, Ellicott City, Md.
Cissel, William W. L., Highland, Md.
Eareckson, William Rose, Elkridge, Md.
Fort, Samuel Jayne, Ellicott City, Md.
Gambrell, William Bartlett, Albertain, Md.
Hebb, John W., West Friendship, Md.
Lacy, John William, Lisbon, Md.
Linthicum, Thomas Waters, Savage, Md.
Miller, Frank O., Albertain, Md.
Nice, J. Albert, Lisbon, Md.
Nichols, Samuel A., Dayton, Md.
Owings, Levin Gillis, Saranac Lake, N. Y.
Rogers, John M. B., Ellicott City, Md.
Sims, Joseph W., Glenwood, Md.
Stone, William Carter, Ellicott City, Md.
Tumblesome, Charles, Guilford, Md.
Williams, Arthur, Elkridge, Md.

Kent County Medical Society.

Barwick, G. Irvin, Kennedyville, Md.
Gowman, C. P., Millington, Md.
Hines, Frank B., Chestertown, Md.
Hines, William Franklin, Chestertown, Md.
Maxwell, William Steele, Still Pond, Md.
Merritt, Simon Wikes, Chestertown, Md.
Simpers, Henry G., Chestertown, Md.
Smith, Frank W., Chestertown, Md.
Whaland, Charles W., Chestertown, Md.

Montgomery County Medical Society.

Anderson, Edward, Rockville, Md.
Batsan, John R., Spencerville, Md.
Bourdeau-Sisco, Patience S., Takoma Park, Md.
Boyer, George M., Damascus, Md.
Brooke, Roger, Sandy Spring, Md.
Brown, William T., Silver Spring, Md.
Chappell, J. W., Grant road N. W., Tenley, D. C.
Deets, James E., Clarksburg, Md.
Dyson, Vernon H., Laytonsville, Md.
Etchison, Elisha C., Gaithersburg, Md.
Farquhar, Charles, Olney, Md.
Green, W. F., Brookeville, Md.
Haddox, Horace B., Gaithersburg, Md.
Henderson, Frederick N., Rockville, Md.
Jones, Eugene, Kensington, Md.
Lansdale, Philemon S., Damascus, Md.
Lewis, John Latane, Bethesda, Md.
Lewis, William L., Kensington, Md.
Linthicum, Otis M., Rockville, Md.
Magruder, William Edward, Sandy Spring, Md.
Manner, Claiborne H., Rockville, Md.
Morgan, James Dudley, Chevy Chase, Md.
Moulden, William R., Bethesda, Md.
Muncaster, Stuart B., Rockville, Md.
Nourse, Upton D., Dawsonville, Md.
Parsons, Alfred V., Tacoma Park, Md.
Pratt, William T., Potomac, Md.
Simpers, Isaac Newton, Germantown, Md.
Stabler, August, Brighton, Md.
Stonestreet, James H., Barnesville, Md.
Thompson, Lewis B., Silver Spring, Md.
White, E. W., Poolesville, Md.

(To be continued.)

SYMPOSIUM.

[NOTE.—Contributions to this Symposium are solicited from all sources on subjects relating to the good of the Faculty and to the profession of Maryland in general. The editors are not responsible for opinions expressed.—MANAGING EDITOR.]

This is my criticism: The Faculty has become a close corporation. A handful of men, whose names it is unnecessary to mention, have for years composed all the Faculty committees, held the offices, and voted and revoted for alternative offices among themselves.

If two or three younger men happen to move in the same secret societies, social sets, or obtain a personal pull with the old group, these are quickly pushed forward among the office-holding group, but no one else is ever added.

In short, an office-holding class has developed in the Faculty and has been perpetuating itself for years.

Who is there who recalls any other treasurer than my friend Gardner, or any other secretary than my friend Ruhräh, or any other names on committees than those we see today?

In a conversation with an office-holding doctor recently to this effect he said other members will not do the work. I say again, as I said to him, this is not true. Although new members come yearly, no chance for work is given them. In fact, most of the committees have dead wood on them, and good workers could easily be obtained.

I see about me brilliant, energetic doctors who have been members of the Faculty for 25 and 30 years, disappointed and antagonistic to its purposes only because they have been forever ignored in making up its committees and offices, who are able, willing and anxious to serve the Faculty.

Yet there is never room for them, because Drs. O'Donovan, Brack, Magruder, Linthicum and many others of my friends have grown to look upon themselves as fixtures in office. In fact, some of them actually believe the Faculty cannot survive without them.

This selfishness was particularly manifested at the annual banquet, where everybody took upon himself the honor of the new building, and not a word of testimonial or appreciation was bestowed upon Dr. Herring, who has shouldered most of the work. His name was not even mentioned.

Of course, I shall be accused of being jealous or shouting for myself. And though I feel, not to be too modest, that I could at least serve on some committees as well as many of those on them, that is truly not the object of this reply to the JOURNAL's request.

For I am young. I have only been practicing five years, and therefore speak of those disappointed members, who are to be numbered in the hundreds, who voice these criticisms in private and fear the wrath of the perpetual office-holding class in public.

What have many of these perpetuated, close-corporation officeholders ever done for the science of medicine in particular or the profession in Maryland in general?

LEONARD KEENE HIRSHBERG.

PERMANENT HOMES FOR COUNTY MEDICAL ASSOCIATIONS.

I am led to present this subject from the success the Allegany County Society has met with since it has had a permanent meeting place. The County Commissioners very kindly granted the use of a room in the Court-house, which the society fitted up for its use and which is available whenever

needed. A feeling that there is a permanent home where all can meet has added to the interest in the society and made possible the good work done during the present year.

Each member of the society has a key and can spend as much time as he pleases in study there. It frequently happens that physicians are detained at the Courthouse testifying, and this time may profitably be spent in study in the society's room. Post-graduate work has been done during the past season and is in progress now. A library is planned for the near future. There is no expectation of having a large number of books at present; only those needed as reference works will be secured. It is thought the profession will maintain a higher position in the estimation of the people because of its permanent headquarters. More and more the people are coming to take an interest in medical affairs, especially as they pertain to sanitation. Great good can be done by joint effort on the part of the medical profession and the public.

E. T. DUKE.

THE ONE HUNDRED AND TENTH MEETING.

Those who attended the one hundred and tenth annual meeting of the Faculty could not fail to be impressed with the broad scope of the work done. Probably never in its history has the Faculty sought for information from so many sources nor so nearly attained its true mission as a Medical Faculty, if we mean by medicine "that science and art whose aim is the preservation of health, the cure of disease and the physical perfection of man." All honor to our energetic president and his fellow-helpers! That part of medicine which concerns itself with the "physical perfection of man" was given a more prominent place and more attention was bestowed upon it than ever before, and it was a decided advance in the conduct of the meeting. We were highly favored in having the pituitary body presented in such a masterly way and the original investigations in regard to it given at first hand. While we can hardly expect to be so favored every year, still we believe much good was accomplished under the old system of having the chairman of each section make a report of the year's work in his department, as it is only in some such way that we as a Faculty can get our bearings and know where we stand in relation to the vital questions of the day. The time devoted in arousing the members to an interest in the new Medical Library Building was well spent; at the same time, vital to our progress as the subject is, it was so managed as not to interfere unduly with the only reason for our existence, namely, the furtherance of our medical and surgical knowledge and the establishment of cordial relations among the members of our profession.

JOSEPH T. SMITH.

SOME DOINGS IN THE HOUSE OF DELEGATES.

I am credibly informed that the hand of the politician was plainly seen in the proceedings of the House of Delegates. This is deprecable in view of the many concerns of major importance to engage the concerted efforts of the rank and file of the State organization in the immediate future, the ultimate success of which will depend in large measure upon the confidence and co-operation of the membership in general. Whatever the grounds for grievance in the past, any disposition toward oligarchy or the undue assump-

tion of privilege and power should be checkmated unceremoniously. From the very nature of our constitutional order the administrative and executive procedures will at times be called into question, and it behooves the Faculty to constitute this important branch of the organization with elements of the highest order.

A WELL-WISHER.

A CRAFTY DESIGN.

The artifice to circumvent the previous decisions of the Faculty in opposing the project for another journal has elicited a good deal of comment pro and con. Some affirm the president's disingenuousness in recommending the founding of "a news bulletin" which should not interfere with scientific State journalism, as prefigured in his annual address, believing that he was made a cat's-paw in the affair which was engineered through the House on the following day. Others maintain that the presiding officer was fully cognizant of the scheme and had caucussed with those entrusted with the maneuvers. That the tactics were known only to the coterie that prepared the resolution which was offered is said to have been evident from the ambiguity of the document. That its import was not fully comprehended by the majority of the members present is well known, as otherwise the project would have been defeated, as on two previous occasions. It is said that even the presenter of the resolution had not been sufficiently well coached, and fumbled, but was kept within the prescribed limitations by a few gesticulations from the Chair. It is further stated that the favor of the voting delegates was secured mainly through the assurance that the Faculty would be guaranteed against expense in the undertaking, although the business judgment of the members did not seem to suggest an inquiry as to the financial responsibility of the backers or the sources of revenue with which to sustain a creditable journalistic venture. In this connection I recall, as a former member of the House, that a similar unbusinesslike proposition was presented, with full details as to size, quality and character of the proposed production, accompanied by a guaranteed advertising patronage of several thousand dollars from a local agency. Had not the wiser judgment of the Faculty prevailed in discountenancing the proposal the organization would have become involved in the entanglements which soon thereafter befell the concern, whose dealings were already notorious. It is to be hoped that wise counsels may prevail in these matters, which promise so much for the good of the cause, but which in reality may injuriously affect the prestige of the association if not entrusted to the generalship of those most competent.

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UPON WHAT MEAT DOTH THIS OUR CÆSAR FEED?

The inconsistent statements made on the floor of the House by the delegate from Allegany county, in alluding to the MARYLAND MEDICAL JOURNAL, if correctly reported, were neither creditable to the speaker nor to the occasion. The Allegany County Society is fortunate in the number and intelligence of its constituents, and need never be straitened in its choice of a broad-minded representative whose participation would do honor to a delegated body. Asininity of speech and aspersion of character are unbecoming attributes in a constituted assemblage. Whatever part these traits may have

played in the alleged *ruse de guerre* in the closing session of the House, I should dislike to think that the action of our esteemed co-worker was subsidized, as has been intimated. It would be interesting to know what effect, if any, his statements had upon the influential and consistent members whose names appear on the roster of the House.

X. Y. Z.

[NOTE.—As we understand the incident, the words of the speaker were by way of implication, expressive of a personal view, in characterizing the JOURNAL as "a commercial enterprise," as evidenced by its extensive advertising patronage of a miscellaneous character. It appears that these particular features had called forth a discussion in the society which the speaker represented, and that they were considered incompatible with official journalism. The tenableness of these views cannot be treated at length in this limited space. Suffice it to say that there is an interdependent relationship between the purely scientific side of medical journalism and the practical side. The value and standing of a medical journal may usually be measured by the number and character of its advertising patrons, whose sense of actual worth is not less acute than that of the average reader. To produce a journal of scientific interest and value calls for a liberal monetary allowance. For this resource we must look chiefly to the advertiser, whose co-operation is always difficult and expensive to obtain. Paper, printing, postage, et cetera, aggregate large cash outlays, of which only a small portion is actually paid by the subscribers. For instance, the service for which our medical brother and friend from Western Maryland pays the small sum of 25 cents a year really costs the publishers several times this amount for the materials alone. Add to this the innumerable other costs of production, and the disparity stands out with bold emphasis. As to the character of the JOURNAL's advertising matter, we are pleased to affirm that it is of a high order, as conceded by its cotemporaries and competent judges in general. That it is susceptible of improvement none will deny so long as evolutionary processes continue to elevate the standards of medical education and practice. That the advertising pages of the JOURNAL are clean, consistent and commendable will best be seen by invidious comparisons with others of its class. The ideal has not been attained either in medical journalism or its congener, medical practice. No journal is free from criticism in this regard, nor can be, so long as empiricism is at the basis of medical practice and the exploitation of therapeutic products must depend upon the usual methods of publicity in challenging the attention of the medical mind.* Hence the eligibility of advertising matter will doubtless remain for the present a question of individual conscientious judgment until an infallible and inflexible standard shall have been offered as a guide. In further evidence of the JOURNAL's altruistic motives as opposed to the spirit of commercialism, it may be stated that the publication has achieved its present substantial footing mainly through the public-spiritedness of members of the Faculty whose object was to advance the professional interests of the State. Included in this number are several former presidents, secretaries, scores of active com-

*In the current number of the *California State Journal of Medicine* Dr. Philip Mills Jones, editor of the *Journal* and secretary of the Society, who is regarded as the foremost radical in the reform for ethical medical advertising, avers that "there is not a single pharmaceutical manufacturing house in the United States—mark you, *not one*—that has told the absolute truth about all of its preparations."

mitteemen, college professors, city and State health officials and others to whose labors and devotion the present status of the Medical and Chirurgical Faculty is due to a large extent. It is needless to say that none of these were actuated by pecuniary motives; on the contrary, all stand ready to make further sacrifice for the good of the profession and the people of the State in the advancement of medical science.—THE PUBLISHERS.]

JOURNALISM OF THE BASER SORT.

In answering the JOURNAL's call for contributions to the symposium, may I humbly offer a rich find which I happened upon the other day while delving for material in the archives of the library—"a gem of purest ray serene." I shall not attempt to produce the whole precious nugget, but sufficient to delectate the eye that may chance upon it. This splendid specimen of crystallogenic genius is of timely interest, as it reflects the Utopian standards of certain aspirants who would amerce the membership in the exploitation of a Faculty periodical. The abstract given below is from the leading editorial in a recent number of a diminutive medical quarterly under the sponsorship of the treasurer and secretary of the Faculty, whose names grace the staff as editor and associate editor, respectively. As it is generally understood that these two officials, together with a former active member of the publication committee, are chiefly responsible for the continued agitation of a Faculty journal, the organization membership should have full knowledge as to the capabilities of the promoters to successfully maintain so precarious an undertaking, calling, as it does, for rare business sagacity, scientific achievement and literary excellence. Shall the paragraph quoted below be taken as a fair exponent of the class of journalism by which it is proposed to represent the dignified character and purpose of this venerated organization in the ever-broadening realms of medical science? In no sense is this reference intended to detract from the otherwise valuable contents of the quarterly nor to bemean its laudable function as an institutional journal. The subject of the admonitorial effusion was "Diagnosis of Carcinoma of the Uterus." Here's the abstract—italics mine:

"All cases of bleeding from the uterus about the time of the menopause should be investigated at once. This investigation should include a 'curettment' [note spelling] and a 'miscropical' [so spelled repeatedly] examination of the scrapings. All physicians do not have the facilities for all of this work. But any physician can curette a uterus, and anyone can put the scrapings in a ten per cent. formalin solution and mail them. Any alumnus who will send his scrapings to the Editor of the (Alumni) Journal can have them examined microscopically. *Now get busy and let us see how many alumni will find an early carcinoma of the uterus before the next issue of the Journal.*"

MEDICUS.

MARYLAND MEDICAL JOURNAL

JOHN S. FULTON, M.D., *Editor*

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BALTIMORE, JUNE, 1908

THE HERTER LECTURES.

WE are more learned than our medical forefathers; there is reason to doubt if we are wiser, more keen in observation, more broad in our comprehension, more far-seeing. In diseases for which no new remedies are afforded, such as pneumonia, it is questionable whether our therapeutic results are even as good as theirs. With our superior equipment we far surpass them in knowledge of disease and in power to heal; yet, in our rush after new things, we have forgotten remedies of great potency which they used with success. Some of these remedies we have no confidence in, because we do not know how they ought to be used.

Our fathers fully believed certain great truths which they had no way of demonstrating, allied professions not yet being advanced far enough to afford the machinery for the demonstration. They believed, for instance, that infectious diseases were conveyed by minute living beings, though their microscopes were not yet fine enough to detect them.

Another belief which they held very firmly, speaking often of it and basing their practice upon it, was that the body contained in itself the agents for its own healing. The *vis medicatrix naturæ* was held in reverence by every student. He looked upon himself as the helper of the body in its great struggle against disease. He treated the patient, rather than the disease.

This doctrine has been somewhat obscured by the discovery of the part which microbes play in disease and by the consequent popularity of germicide therapeutics. But the fathers were right, and the *vis medicatrix* is coming to the front again illumined with a new light shed upon it by the newly-discovered facts of internal secretion. We know now that the body has, in truth, a very great number of organs which day and night are elaborating and pouring into the blood chemical (and perhaps vital) substances of diverse potency and composition to tone and stimulate the activities

of other organs or to safeguard and promote the life of the whole body. These organs are some large, some tiny; all, perhaps, with at least two distinct duties. It is possible that each tissue and organ of the body has not only its own duty, but a duty on behalf of some other part in addition. In many organs formerly considered single two or more distinct organs are bound up. An organ of constant activity thus ensures the nurture and health of its intermittent fellow, rebuking the doctrine, so prevalent in some quarters, that unused organs are in danger of atrophy.

The Herter lectures of the Johns Hopkins Medical School were delivered this year by Prof. Edward A. Schäfer of Edinburgh. His theme was the pituitary gland, that mysterious little organ enthroned in a special fossa close under the shelter of the brain. This ductless organ is now known to include at least two distinct sub-organs—one anterior, producing a hormone which has to do with the growth of the bones and connective tissues; the other, posterior, yielding a hormone affecting the heart action and the blood pressure, and a second hormone increasing the kidney secretion. These hormones are of such simple composition that eventually we may make them in the laboratory. The complete removal of the pituitary from animals always causes death in a few days. The relations of its diseases to akromegaly were discussed. In giants it is over-large.

The speaker's earnest presentation of this whole subject of internal secretion, which stands in the forefront of modern medical advance, made his course of lectures extremely interesting.

LIGHT WORK AND TUBERCULOSIS.

THE writer of the article on light work as a factor in the spread of tuberculosis, which appears in this number of the JOURNAL, first had her attention drawn to the facts by the opportunities for observation afforded by her position of tuberculosis nurse. This work, which for a period of over two years has taken her daily into a great many homes where consumptives were living, has extended over several sections of Baltimore, including the south, southwest, southeast and northwest sections of the city.

As a result of her observations she concludes that the work of the nurse only mitigates to some extent the evils it deals with, and cannot of itself stamp them out. One of the most useful services the nurse can render is to use her opportunities to record and call attention to the facts which she herself is inadequate to deal with.

The subject of light work is especially referred to physicians and others interested in the tuberculosis question. The advice to do "light work" is very easily given, but the thing itself is impracticable under proper conditions. It is a chimera that the wretched patient of the alley must seek for, and must interpret the advice to "find it" as best he may. The subject is also recommended to the attention of the well-to-do part of the community, who are better protected from disease by their general surroundings and conditions of living, but who may be exposed to contagion through unexpected sources.

The arguments against the unintelligent fear of tuberculous patients and against the cruelty shown them by refusing them employment under proper circumstances are not unfounded. That great danger may be involved in their employment, especially the lower class of wage-earners, should not be overlooked.

The attitude of the lower classes of society towards consumptives should be noted in this connection. In most cases these people have a keen realization of the danger to themselves in the employment of a consumptive or in patronizing the little home industry by which he earns his scanty living from the community.

The remedy is to be found in segregation, as affording the only safety for the patient and the public. The cost would be repaid by the elimination of the centers of infection, and in many cases by the chances of the patient's recovery to become again an efficient member of the community.

AERIAL THERAPEUTICS.

WHAT place the air voyage is to play in the therapy of the future, how soon it is destined to obtain consideration in the textbook of final practice—these are to most minds idle speculations. Yet the era of aerial travel seems to impend. Its problems of how to ascend and how to fly swiftly have found solution. One alone remains—how to descend gently at will. The awkward balloon and the unsteady aeroplane are alike incompetent. Attention is now centering on the problem of balance and self-righting attributes. The ship must not tilt; or, tilting slightly, must automatically regain equilibrium. This desideratum seems likely to materialize through adaptations of the multicellular developments of the box kite for the mass of the ship, accessory planes completing the equipment, perhaps. Time and money and trained thought will soon overcome this last obstruction.

When the preliminary era of aerial racing ships shall have worn itself out and the plain people get their innings, will come the age of aerial therapeutics. Then each farmhouse will be on the seashore and each city a seaport. Not far above each dwelling lie wastes of upper air, dust-free, germless, ozonized, ever cool and refreshing. A moment launched, then away, safely, swiftly, with hill and valley gliding beneath, until the evening falls and the lights from the shadow-land below warn of coming night.

If the heavier-than-air, self-balancing airship is attained, these therapeutic dreams will certainly come true, adding greatly to our facilities for curing diseases of debility. Every new era was somebody's dream, scorned of practical men. The brightest minds of science and mechanics are now dreaming dreams of the upper air.

THE PROGRESS OF FORESTRY.

THE recent Conference of Governors held at the White House at the call of President Roosevelt is probably one of the most important movements, politically, of this generation. As the energies of our enormous country gain more and more headway, it is necessary that the central government should become exceedingly strong. The fear has been that it would, in growing, enfeeble the States. In the present Conference we see it, on the contrary, calling the States to greater development of their rightful powers. The central government seeks to become not a master, but the servant and helper of all. Our bulwark against imperialism is not weakness in Washington, but strength in the States.

From a medical viewpoint, the Conference is quite as eramaking. Apart from the tremendous influence of forest preservation on our climate in general, the development in America of the great calling of forestry is of immense therapeutic importance. If it is true that the Governors have gone home from the Conference determined that each will in his own State become a promoter of forestry, the outdoor life for invalids will soon take on new development. Forestry, as a profession, will afford a means of livelihood at once healthful, intellectual and interesting. If followed for generations it may eradicate the most persistent tubercular tendencies. Around each mountain sanitarium, too, will spring up little communities of amateur forestry. Finally, with forestry laboratories scattered over the land, the diseases of plants, as well as their healing powers over man, will receive proper study.

A Century of Medical Journalism in Maryland. 1808-1908.

THE history of medical journalism in Maryland presents a number of interesting and instructive facts. The early struggles of the numerous publications which were offered to the medical profession, the paucity of the material which was offered for publication, the indifferent financial support given to these ventures and the early death of the publications all tell a pathetic story and picture the blasted hopes of the editors and publishers who ventured to give the profession a medium for their literary work in medicine.

The third medical journal edited and published in the United States was issued in Baltimore in 1808 by Dr. Tobias Watkins, who officiated both as editor and publisher. Dr. Watkins named his publication the *Baltimore Medical and Physical Recorder*, and issued the first number in April of that year. Subsequent numbers appeared quarterly until the close of Volume I, No. 4. With the appearance of Volume II, No. 1, which did not appear until August, 1809, the publication was suspended for want of financial support. This early venture brought disappointment to the editor, who had expected the co-operation and patronage essential to such an undertaking.

The second venture in journalism was made by Dr. Nathaniel Potter in 1811 as a quarterly. Only four numbers appeared. Its early death was due to non-support.

In 1823 Dr. John B. Davidge, at that time professor of anatomy in the University of Maryland, established a quarterly journal under the title of the *Baltimore Philosophical Journal and Review*, of which the first and only number was issued in July. The prospectus of this journal was so optimistic in its tone that a long life might have been anticipated for it. The spirit of the editor, as expressed in his salutatory, failed to quicken

that generosity and pride in the profession which he so confidently relied upon. We quote his language, as it is the language of our day: "That Baltimore, among the most prosperous in commerce and respectable in intellectual distinction of the cities of America, should be without a periodical work, either in general literature or particular science, excites astonishment. Our physicians, many of whom are distinguished for genius and acquirement, are discouraged by the anticipation of the trouble and expense of individual publication, or deterred by the prospect of appearing alone before the public eye. They pass their lives in silence, and their copious research and extensive experience lie buried and lost, or, at best, are made known to the world through distant channels. Thus Baltimore stands obscured, while other cities, though erroneously, are regarded as the sources and fountains of science, when, in fact, they are often the mere conduits through which the streams of our learning flow. Merit is reflected because it does not appear and modesty pines while assurance is applauded."

These highly flattering words of Dr. Davidge have an ominous significance. They come down to the present day with all the practical force of 85 years of added experience. Who cannot discover in them the influences which have retarded the growth of medical journalism in Maryland, even down to our day?

Following the untimely death of Dr. Davidge's journal, after one number had been issued in 1823, down to 1877, eight medical journals were issued from time to time by as many different editors and publishers, all of which suspended for want of professional support before they had become established periodicals.

The location of Baltimore, the habits and characteristics of the local profession and the

indifferent business management of each publication made the permanent success of a medical journal in Maryland a financial impossibility.

When the MARYLAND MEDICAL JOURNAL began its first issue in May, 1877, its editors were confronted with the wrecks of previous ventures in medical journalism. Its failure was discounted in advance. A few warm friends came to the support of its reading columns, whilst its editors advanced the capital in cash which was needed to place it on a sound financial basis. The early struggles of the MARYLAND MEDICAL JOURNAL are only known to a few resolute spirits who made heroic efforts to keep it alive. The back files of this JOURNAL make a faithful exhibit of the times and conditions which existed in professional circles from 1877 down to our day. The quickening of medical life in this State begins with the birth of the MARYLAND MEDICAL JOURNAL, as feeble as its early efforts now appear. It directed attention to the status of medical interests in Maryland, gave a medium for the publication of material which had gone to waste, encouraged the organization of medical societies by the publication of their reports, aided and stimulated the younger members of the profession in literary work in medicine, and by its spirit of enterprise helped in no small degree to organize a bond of union between the profession in the State and city. The progress which the profession has made in Maryland during the past 30 years has been due to a number of influences, but any fair-minded man who will carefully go over the work of the MARYLAND MEDICAL JOURNAL since its first issue in May, 1877, will admit that its services to the profession of this State have been of a valuable character. Publications have their origin, as a rule, as private ventures, and are conducted largely in the interests of their promoters, who expend their labor and capital in their successful establishment. Their success is measured by their usefulness to the public. After a mutual interest is established between the publication and its constituents a private venture becomes a public institution, and bears such a close relation to the people it serves that it can only prosper through the usefulness of the service it renders. In the proper sense it is a public-service corporation, dependent upon the good-will and co-operation of the people it best

serves. It is this relation which the MARYLAND MEDICAL JOURNAL has sustained to the profession of this State. It has rendered a valuable service to the profession of the State, and it has received in return many assurances of respect and esteem from the profession. It has reached the position where its work is institutional in character and wholly dependent upon professional loyalty and co-operation.

Its claims upon the profession of Maryland are based upon the measure of service it has rendered during the past 31 years and upon its possibilities for further useful work in the interests of the profession in the years to come. Blot out the work the MARYLAND MEDICAL JOURNAL has accomplished or arrest the progress of this work from now on and the influences which it has stood for and now stands for would be most sadly missed.

With the competition of medical publications of national scope and circulation a State medical journal is placed at a great disadvantage. It suffers by contrast and by environment. It is made the medium of a local support, more frequently the second choice, in its contributed matter. It must of necessity occupy the middle of the road, and not the pick of the ground. Much more is expected of it than is conceded to it.

Only those who direct the business and editorial conduct of periodicals of its class can fully appreciate the trials and difficulties which attend such ventures.

There is, however, a wide field of influence for the medical journal which addresses its efforts to the betterment of local or semi-local interests. This field can only be cultivated through an agency which limits its work to a definite and well-established purpose. A mutual interest must be maintained between the publication and its subscribers. A double service must be rendered. An unselfish co-operation and liberal recognition of the usefulness of the publication to the larger interests of the profession must come from many friends, on the one hand; the publication must give, on the other hand, a helpful stimulus to the best interests of its readers. It must reach after high ideals and direct the aims and purposes of the profession along lines of progress in science, education and culture.

One Hundred Years of Medical Journalism.

In the first column below is reproduced from an original copy in the Library of the Surgeon-General's Office, Washington, D. C., the matter which appears on the title page of the first medical journal published in Maryland, the *Baltimore Medical and Physical Recorder*, being the third in the United States; also the first page of the table of contents of Volume I. In the second column is reprinted the prospectus of the MARYLAND MEDICAL JOURNAL, which document was printed and issued in the form of a circular over the signatures of the founders in 1877. The JOURNAL's service covers nearly one-third the century's history.

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CONDUCTED BY
TOBIAS WATKINS.

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PROSPECTUS OF THE MARYLAND MEDICAL JOURNAL, BALTIMORE, MD.

On the first day of May next, ensuing, the undersigned will issue, in the City of Baltimore, the first number of the MARYLAND MEDICAL JOURNAL. It will be a monthly publication, devoted to the advancement of Medicine in all its branches.

Each issue of the Journal will contain original articles, from representative men in the profession.

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Reports of the progress of Surgery and Medicine in their special, as well as general branches, including Diseases of the Eye and Ear, Diseases of the Nervous System, Diseases peculiar to Women, and Diseases of the Throat and Chest, will be regularly given by men eminent in these several branches. These reports will be an exhibit in abstract form of the progress in each of these special departments during the year.

The proceedings of Medical Societies will be published as often and as fully as their importance justifies.

Prominence will be given to rare and interesting cases in Hospital and Private Practice.

New Instruments and Appliances, New Remedies and improved methods of managing disease will be specially treated. New medical publications, as they appear; will be critically and impartially reviewed.

No labor or expense will be spared to render THE MARYLAND MEDICAL JOURNAL a welcome visitor to every physician desirous of keeping pace with the progress of Medical Science as developed both abroad and at home.

Contributions, on subjects of interest to the profession, respectfully invited.

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H. E. T. MANNING, M. D.
T. A. ASHBY, M. D.

Baltimore, Maryland, March 15th, 1877.

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SOCIAL PROPHYLAXIS—RESULTS ACCOMPLISHED—THE OUTLOOK FOR THE FUTURE.*

By Prince A. Morrow, M.D.,

New York.

I WISH to offer my congratulations upon the formal organization of this society, and at the same time express my profound gratification that the movement for Sanitary and Moral Prophylaxis in this country has received such an important addition to its working force.

The opening years of the twentieth century have been marked by vigorous crusades against the three great modern plagues of our social life—alcohol, the Great White Plague, and the class of diseases which may with especial fitness be termed the Great Black Plague. The campaign against tuberculosis has been waged most aggressively and successfully, largely because the efforts of the medical profession were reinforced by an active and helpful co-operation on the part of the public. The campaign against the venereal plague has not met with the same degree of success and public support, chiefly because the ravages of these diseases have been covered up and concealed, and the public has not appreciated its need of protection. Nevertheless, this movement, which was inaugurated by the formation of the American Society of Sanitary and Moral Prophylaxis in February, 1905, has slowly but steadily grown in influence, numbers and strength, and today there are many indications which point to its ultimate success. The field of work opening up before this society is not only important, but exceedingly difficult; it is also a comparatively new and untried field, and my presence here this evening is simply to set forth the experimental efforts made by the societies organized in New York and other cities, to indicate the methods their experience has

*Address before the Maryland Society of Social Hygiene

proven to be the most available and practical, and to lay before you the results accomplished, which may serve for your encouragement and at the same time be interpreted as favorable auguries of larger and more valuable results in the future.

Your president has asked me to say something of the importance and need of this work. It is scarcely necessary to expatiate upon the pathological import of these diseases and their significance as a danger to the public health. If any proof were needed of the importance of the work you have undertaken it would be furnished by the report of your Committee on Sanitary and Moral Prophylaxis. I may be permitted to make brief reference to one or two facts which have been developed by this collective investigation. First, as to the extent of venereal morbidity in this city. The incomplete statistics gathered by your committee show that gonorrhea and syphilis contribute a sum total of morbidity nearly double that of all other infectious diseases, both acute and chronic, combined. The significance of this showing is emphasized when it is reflected that while the list of other infectious diseases is practically complete, the report embraces only statistics of about 12 per cent. of the physicians in this city, and only 17 out of the 41 hospitals. In addition, it is to be remembered that the sequelæ of these diseases, their remote and terminal effects, are many times more numerous than these figures would indicate. Thanks to the elasticity of our medical nomenclature, venereal diseases when admitted to the hospital suffer a sort of change into something clean and strange, so that the original infections are no longer identified under the reputable pseudonyms in which they are entered upon the hospital records. Another fact developed by this investigation is the appalling frequency of marital contaminations. Nearly 40 per cent. of these infections met with in private practice are communicated in the relation of marriage. The large proportion of women and children infected with syphilis is also significant. Of the 895 cases of syphilis, 489 occurred in men, 303 in women and 103 in children; 93 of the cases met with in children are classified as hereditary infections. This proportion is all the more significant, as every living syphilitic child represents four children dead from abortion or immaturity. Passing over many facts which are most suggestive, I may allude to one lesson to be drawn from this report which constitutes the strongest argument for the necessity of an independent organization to take up this sadly-neglected department of sanitary work. In the report of the Health Department we find there are 58 cases of smallpox, while these incomplete reports record 2706 cases of the great pox. Hundreds of thousands of dollars are spent every year in this country to stamp out smallpox, while the great pox, hundreds of times more frequent and vastly more formidable as a social danger, is abandoned to its own evolution unchecked, unnoticed, without a shadow of sanitary control.

But there are other aspects of venereal morbidity which especially emphasize the need of the work in which this society has joined its efforts. The significance of disease in general is measured by its effects upon the health and life of the individual. We estimate the gravity or benignity of disease from this standpoint. But social diseases constitute an incomparably greater danger to society than to the individual. This social danger comes from the fact that these diseases specifically affect that function of the body to which the life of the human race is entrusted; they poison the very sources of life, rendering the productive energy null and void, or so vitiating the processes of nutrition as to produce a race of weaklings, stamped with mental and physical inferiority and unfit for the struggle of life. The fact that these diseases are one of the most potent factors in the causation of blindness, of epilepsy, of idiocy, of insanity, etc., renders their prevention not only a matter of economic and sanitary importance, but imposes a special obligation on the State to safeguard the family from their invasion, and thus prevent the vast mass of misery and disease engendered in the descendants. But the State, through its constituted authorities, the sanitary officials, does not lift a finger toward their prevention or control. It is true that both State and private charities contribute most generously to the amelioration of the miseries of these unfortunates after the irreparable harm has been suffered. Millions of dollars are contributed to the support of the blind, the defectives, the epileptics, the paretics, but not a dollar for the dissemination of that saving knowledge which might prevent. Miss Helen Keller has well said, "When the promises of the future are fulfilled and we rightly understand our bodies and our responsibilities toward unborn generations, the institutions for defectives which are now our pride will become terrible monuments to our ignorance and the needless misery that we once endured."

There is another feature of these diseases which especially emphasizes the need of this organization and gives to the work of prevention a distinct humanitarian value. Venereal diseases are differentiated from other infectious diseases, by the peculiarity that they are communicated through the voluntary act of individuals. Every year in this country thousands of pure young women are infected in the relation of marriage, their conceptional capacity destroyed, the aspirations which center in motherhood and children swept away, or the holy office of maternity desecrated by the bringing forth of tainted, diseased or dead children, and the women themselves often ruined in health or condemned to mutilation of their maternal organs to save their lives. These are considerations which render this preventive work imperative.

It is well that we should, without hysterical excitement, but with perfect fair-mindedness, look these ugly facts squarely in the face. No human being has the right to give his disease to another, but a

man may infect his wife with syphilis, which ruins her health and kills or maims her children just as certainly and as surely as if he instilled poison into her food and drink, or with gonorrhea, which may blind her children and render her a helpless invalid, and escape all social condemnation. He may even receive the sympathy of his social set for his misfortune in having married a woman of such delicate health. We may well ask how these abuses, this inhumanity toward the innocent and helpless members of society, be possible, and the mass of intelligent and humane people of this country be indifferent to their significance, unmindful of their existence even.

I have dwelt upon this feature of venereal morbidity because, according to our experience, it is the touchstone of the conscience of the people. The most effective way—the only way—to arouse the interest of the public, to enlist sympathy and co-operation in this work, is through emphasizing its humanitarian aspect. The public is indifferent to the diseases contracted in licentious relations; by some they are regarded as merited punishments; a certain portion of the public looks upon the diseases of vice as the best guardians of virtue, but infections of women and children are not merited punishments; they are not guardians of virtue; they are the whips and scourges which fall most heavily on helpless thousands in the very relation which typifies our highest conception of virtue.

But, after all, these voluntary infections are none the less ignorant infections. They are communicated for the most part because men are ignorant of the dangers which lurk in an uncured gonorrhea or a latent syphilis and their terrible consequences when introduced into marriage. They will continue so long as a false educational system renders this ignorance compulsory and society deliberately blinds its eyes to the inevitable consequences of this ignorance.

The history of human civilization shows that all real progress toward reform must come through education, and it was recognized by those who inaugurated this movement that the crusade against the venereal plague must first of all be a crusade against ignorance. The lines along which this educational campaign was directed may be briefly traced: (1) The general dissemination among the public of a knowledge of the extent to which these diseases prevail and their danger to the public health; (2) the widest possible publicity of the social dangers of these diseases, especially to the innocent members of society, through their introduction into marriage; (3) the general enlightenment of the public respecting the means of spread of these diseases, the laws of their contagion, the sources and modes of their contagion, both direct and indirect; (4) the education of young people in the laws and hygiene of sex.

Unfortunately, we have not been able to reach the great mass of the public to any effective extent, owing to the closure of the channels of communication which serve for its enlightenment. Social tradition and shame are the angels with flaming sword which guard the approach to the temple of public opinion. While the knowledge we wish to convey has a most important individual and social interest, there is found on the part of the general public an indifference, even a positive aversion, to this enlightenment. It would seem that in our modern Garden of Eden this is the one tree of knowledge of whose fruit the public will not partake, even under the beguilement of the medical serpent.

Another direction in which this prophylactic work has been prosecuted is the enlightenment of the public as to the importance of curative treatment, especially in the early stages, and the provision of additional and more adequate facilities of treatment, not only in the interests of the individual, but with a view of promptly suppressing sources of contagion, and thus preventing the infection of others. This work has also been directed to the study of the social evil, its underlying and contributory causes, and the most effective means of preventing the making of prostitutes, with the view of submitting these results for the purpose of educating public opinion.

We have by no means arrived at the solution of this problem by declaring that the social evil is the cause of social diseases and that the remedy lies in the suppression or hygienization of prostitution. While prostitution is the chief agency or communicative mode by which these diseases are propagated, if we search deeper into the complexity of causes of which prostitution is but the product we shall find that the chief, determining cause is the uncontrolled instinct of man which impels him to polygamy. While the material conditions of labor, the economic dependence of women, the difficulties of early marriage and other causes inherent in our social organization favor irregular relations between men and women, the *causa causans* is masculine unchastity. Now, it is asserted that man is polygamous by nature, and that we cannot go against nature. Nature is often sadly maligned. What is termed "nature" is simply heredity and training; our ideas, our moral sense, our conventional views of the relations of men and women are what have been trained in us. While nature has implanted in man a strong sexual instinct, it has endowed him with reason for its guidance and will for its control. Since the sex function is of all functions of the body most prone to sensual indulgence, there is the greater necessity of enlightenment in the laws of sex and training in the control which reason imposes upon instinct.

And here I may be permitted to refer briefly to the sex instruction advocated by this society. Training in the laws of sex, the creation of a right mental attitude towards sex and sex relation-

ship is fundamentally important, and constitutes, in my opinion, the saving hope of the situation. Just as the need of the preventive work in which this society is engaged is based upon the results of the *laissez faire* policy which ignores the existence of social diseases, so the importance of sex instruction is emphasized by the practical results of our educational policy which entirely ignores the sexual organization of individual. The social tradition which surrounds sex with an unhealthy mystery is reflected in the spirit and practice of parents and teachers. Practically the only lesson which the vast majority of parents give their children is that the system of generation is a system of shame. The social tradition which prohibits sound and wholesome teaching of the laws of sex, the true purpose of the sex function and the necessity of its restraint, takes no account of those secret undercurrents of corrupt knowledge which circulate in every social milieu; in the fashionable club, as in the factory; in the coteries of the schools and universities, as in the slums and streets—these are the schools of instruction in which wrong and perverted ideas of the reproductive function are trained into the young man. The inevitable result is to create a purely selfish and sensual conception of the sex function and to engender a low tone of thought and feeling toward the personality and virtue of women. In the absence of right training, the conventional views of the relations of men and women which are reflected in modern literature, the theater, the newspaper chronicles and in the traditions of the elders are unquestioningly accepted. As a result, the vast majority of young men are trained in the traditional belief that a man has a natural, unassailable right to indulge his sensual impulse as he pleases, and that the general principles of morality do not apply to his sex life. It is these fixed ideas which determine the sexual character and conduct of the individual. "As a man thinketh in his heart, so is he."

This educative work should be particularly directed to the correction of certain physiological fallacies almost universally prevalent among men, and which constitute, in my opinion, the strongest subjective stimulant to sensual indulgence, especially the so-called "sexual necessity" for man, upon which is based the double standard of morality.

If men are impelled to sensuality by the force of a distinct and altogether special physiological endowment, then is the divine command to "flee fornication," to "keep the temple of the body pure," of no effect; physiological qualities cannot be altered. If such indulgence is necessary to health, then the teachings of the wisest and best men of the medical profession that continence is not prejudicial to health is set at naught. No physician can consistently counsel against a hygienic necessity. But, on the other hand, if the doctrine of a double physiology has been invented to justify a double morality, if it be a mere sophism to bolster up a

code of morals constructed to conform with man's sensual inclination, its false physiological foundation should be swept away. Science should not be prostituted to serve the ends of sensuality. Physicians, both in their individual and corporate capacity through societies and associations, should proclaim the falsity of these doctrines. There is every reason to believe that the relative chastity of men and women is not due to physiological difference, but to a difference of education. The acceptance of this doctrine would place the whole question of sex morality upon its true scientific basis. There is no more necessity for a young man "to sow his wild oats" than for his sister to do the same. Social convention should make no moral distinction between the woman who sells her body and the man who buys it. He is the more blameworthy, as he purchases for lustful pleasure what the woman is often compelled to sell from dire necessity. The greater condemnation should rest upon the man, because it is he that carries the poison of these infections home and distributes it to his family.

I would by no means place the entire burden of responsibility for the social evil upon the shoulders of men. But public opinion has always attributed to woman a full share, and even a greater share than she deserves.

The problem of the prevention of venereal diseases in its last analysis is narrowed down to a question of individual volition; it is largely a problem of self-control. Both educational and moral training are essential. In this prophylactic work there is between the hygienist and the moral teacher mutuality of aim and interest, and there should be combination of effort. The teaching of the one should reinforce that of the other. As I have before said, "If the hygienic precepts formulated by this society conduce to moral living, if the moral grows out of the scientific, so much the better for the interests of morality. If the ethical teaching, which comes more properly within the province of the clergy, and which appeals to the conscience and impresses the duty of clean living with the force of a moral obligation, tends to correction of the immorality which is the cause of these diseases, so much the better for the interests of preventive medicine."

The point I would emphasize is that we are dealing with a function of the body, and mastery of the mind over the body is best effected through understanding of the bodily conditions. The force of moral teaching would be enhanced by a perfect intelligence of the laws of sex and their relation to the physical health and well-being of the individual.

Passing now to the results accomplished: First, as to the growth of this movement. Since the organization of the parent society in New York in 1905, branch societies or societies with similar aims and purposes have been established in Philadelphia, Detroit, Chicago, Milwaukee, Mount Carmel, Ill., Jacksonville,

Indianapolis, and last, but not least, the society which I have the honor to address this evening. In addition, societies are in process of organization in Boston, Denver, Portland, Seattle, Grand Rapids, and a national organization in Mexico under the auspices of the National Academy of Medicine. From correspondence it is learned that the conditions are ripe for the organization of societies in Atlanta and other cities, and also in Canada. It only requires some earnest, active men to take the lead.

An exact record of the membership of these societies is not available; in point of numbers the Philadelphia society holds the lead, followed by that of New York, which has made no special efforts to secure new members, but has concentrated its efforts in studying and threshing out the difficult and delicate questions which enter as factors in the complicated problem of prevention. Fifteen public meetings have been held, which have been chiefly devoted to the educative work of this society. Among the subjects discussed have been education within the medical profession, parental and scholastic education; education of the working classes, both men and women; the relations of social diseases to marriage; the sanitary, ethical and legal safeguards to be thrown around marriage; the effects of venereal diseases upon children in the production of blindness, vulvo-vaginitis, arthritis and the hereditary effects of syphilis; the organization of hospital and dispensary facilities for the treatment of these diseases, with the recommendation for larger and more suitable provision; the study of the question of prostitution; the causes, prevention and treatment of the social evil. The papers and discussions upon these and many other subjects appear in the first volume of the transactions of the society and in the second volume, which is now in course of preparation. All these questions, concerning many of which there was some diversity of views, have been carefully studied, and the discussions have thrown an illuminating light upon their various phases. They have served to clarify the situation and have materially aided in shaping the policy of this movement toward the employment of measures which are immediate and available.

In addition to the transactions, four educational pamphlets have been issued by the society: Pamphlet No. 1, on "The Young Man's Problem;" Pamphlet No. 2, on "Instructions on the Hygiene and Physiology of Sex;" Pamphlet No. 3, on "The Relation of Social Disease and Marriage;" Pamphlet No. 4, on "The Boy Problem," designed for parents and teachers. Many thousand of these pamphlets have been called for.

The educational work of this society has been extended in other directions. During the past two years more than 75 lectures have been given under the auspices of the society, the majority of them upon request, in schools, colleges, settlements, Young Men's Christian Associations, mothers' clubs, and to other social groups.

The report of the Philadelphia society, which was founded in March, 1906, shows that 35,000 circular-letters and about the same number of educational leaflets have been issued and distributed

among the adults of Philadelphia. Two educational pamphlets have been prepared, one for free distribution among the women of the factory and department-store classes, and another for the men. Over 30,000 copies of an address delivered to the students of the University of Pennsylvania have been distributed among the college students of the country. A number of the public and private schools of Philadelphia have provided instruction in physical and moral hygiene at the suggestion of the society.

The Chicago society, organized in June, 1906, has issued a number of pamphlets and leaflets, many thousands of which have been distributed—"The General Need for Education in Matters of Sex," "Sexual Hygiene," "A Circular of Information for Young Men," "The Infection of Brides" and more recently another recounting the results accomplished by its work.

The Indiana society, through the co-operation of the Indiana State Board of Health, has issued 15,000 copies of a health circular entitled "Social Hygiene versus the Sexual Plagues." This list by no means embraces all of the literature which has been prepared and circulated by the different societies. The work done by these special independent organizations by no means represents the sum total of what has been accomplished by this movement, for whether as a result or a mere coincidence, a new interest in this neglected field of preventive medicine has been developed among the general medical profession. The prophylaxis of venereal diseases has formed the subject of several symposia in national medical associations and State and district societies. Since the organization of this movement more papers upon the various phases of gonorrhea and syphilis, with special relation to their social dangers, have been read in medical societies than in the previous 25 years, to say nothing of independent papers in various medical journals. A number of State medical societies are becoming interested in this movement, and it is believed will soon join their influence and strength to its advancement. Physicians are the logical leaders in this movement, and would constitute the most valuable of all agencies for its propaganda, because they possess a knowledge of the facts which are motives to this work, and because of their opportunities to enlighten the public as to the dangers of social diseases.

We may now inquire, What seem to be the most available openings for the further development of this work? I should like to mention first of all the Church; but whether from a misapprehension of our objects and methods, or from disinclination to personal engagement in this work on account of its unsavory character, the clergy have not, with a few notable exceptions, responded to our invitation to come over and help us. The most promising opening for our educational propaganda we have found in the physical-training department of the Y. M. C. A. We have established a sort of affiliation with the 187,000 members of this department. The purity alliances and federations have shown a marked appreciation of our work, and, while there has been no official affiliation,

they have expressed their desire to co-operate in every way possible. The high schools, colleges, settlements and mothers' meetings have shown a marked receptiveness to our lecture work. This work might be extended, if our means permitted, to various large associations of men and women, federations of labor, factories, department stores, etc. The newspaper press, which is the most powerful of all modern agencies in the general enlightenment of the public and has furnished such invaluable aid in the campaign against tuberculosis, has not yet surrendered its prejudices and opened its columns to our propaganda. What we need is an audience. With publicity as a fulcrum, we have in our facts a sufficiently strong lever to move the world.

It may be inquired, What has been accomplished in fulfilling the specific objects for which this movement was instituted—the prevention or limitation of disease? It is difficult to secure definite data which will serve for the determination of this question. Just as the morbidity of venereal diseases escapes accurate computation, so the correction of this morbidity cannot be estimated on account of its peculiar private nature. It may be confidently stated, however, that indications point unmistakably to one immediate result of this campaign of education, namely, the limitation of venereal infection in marriage. As I have said before, “the infection of pure women in marriage, the crowning infamy of our social life, I believe to be absolutely preventable, and if this society can accomplish nothing more than to safeguard marriage from these criminal infections, the fulfillment of this humanitarian measure alone will amply justify its creation.” For the success of this work it is not only desirable but necessary to secure the aid and influence of women. In all reforms affecting family life the co-operation of women is most essential. The work in this direction done by the Chicago Woman's Club is an example, and should be an inspiration to other similar organizations. This club has organized a system of lectures and has given more than fifty lectures to mothers' clubs and other social groups.

Such are some of the visible and concrete results of the work inaugurated by a handful of half-hearted men who met in New York in February, 1905, to consider the wisdom and expediency of organizing this movement. Compared with the growth of the movement against tuberculosis, the enthusiasm with which it was taken up by the profession and the laity, the cordial co-operation it has received from the press and public, the hundreds of thousands of dollars with which it has been able to carry on this work, the brilliant results achieved, this seems a sorry showing. It required months of effort to muster this small advance-guard of a movement which has in it no elements of popularity; rather, “it is despised and rejected of men;” it has struggled under difficulties, financial and otherwise, but it has steadily grown in influence and numbers.

Of the undercurrents which seem to be setting in its favor, of the gathering and growing strength of public interest, of the

slowly-maturing harvest from the seeds already planted, of which we have abundant intimations, I shall not speak. My faith in the ultimate success of this movement is not based so much upon what has been accomplished or upon the signs of promise for the future as upon an unalterable conviction *that it is right*; that truth is mighty and will prevail.

66 West 40th Street.

EPITHELIAL TUMORS OF THE SKIN AND EXPOSED MUCOUS MEMBRANES.

By *Alexius McGlannan, M.D.*,

Baltimore Md.

THE causes of epithelial proliferation seem so intimately associated with tumor formation in general that a short review of some recent experimental studies on the subject makes a fitting introduction to the consideration of the clinical and pathological characteristics of epithelial tumors of the skin and the exposed mucous membranes.

The surface epithelium is constantly removed by friction and restored by proliferation of the deeper layers. Any irritation that does not destroy the vitality of the parts increases this proliferation.

The callosities in the palm of the hand in mechanics, tight boots, etc., are masses of proliferated epithelium resulting from surface irritation. The margins of chronic ulcers and sinuses often show marked hypertrophy of surface epithelium. These areas and the scars of burns seem especially prone to develop malignant growth. There is a form of infectious multiple tumors of the skin in which the masses consist of epithelial cells.

In all of these irritative proliferations the increase in quantity is manifested by a piling up of the surface epithelium.

The experimental changes reported by B. Fischer (*Munch. Med. Wochenschrift*, 1906, Vol. 53) differ from these proliferations. Fischer made subcutaneous injections in rabbits' ears, using an olive-oil solution of "Scharlach R.," a fat staining dye. The oil lifts the epithelium of the ear from the cartilage, and in a few days proliferation begins. Processes of cells extend downward, penetrating the cartilage, pearly body formation occurs, and in the end the picture is that of carcinoma spinocellulare.

In one case the growth was observed to penetrate a large lymphatic.

Because the proliferation occurred only after injection of

Scharlach R. or Soudan III., and could be obtained only when the skin was treated, Fischer concluded that there was some definite chemical affinity between the fat dyes and the surface epithelium. He therefore set up the theory that in cancer a specific attraxin occurs in the blood and stimulates the cellular proliferation in a pre-existing cancer matrix.

Helmholtz (*J. H. H. Bulletin*, September, 1907) has carried Fischer's work further and has demonstrated that, in addition to causing proliferation of skin epithelium, repeated injections will produce similar changes in mucous membranes.

The mucous membranes treated were those of the mouth and rectum, the epithelial growth obtained in the latter being of great interest in many ways.

In the process of proliferation there is a metaplasia of the developing epithelium, the cylindrical passing to the squamous type as it grows into masses and returning again to the cylindrical type as lumina are formed.

This is an important difference from the growth in cancer where the cells of the masses retain a constant character.

In artificially-produced skin tumors the growth is mainly from the epithelium of the hair follicles, and for this reason a specific attraxin property was claimed for the dyes. Helmholtz's work showing that similar growth can be produced in the mucous membranes of the mouth and rectum proves that the hair follicle has no specific place in the development of the proliferations.

Among the recent theories of cancer etiology is one that supposes that a constant condition of antagonistic tension exists between the connective tissue and the epithelium. Normally the tension in each class of tissue just balances that in the other, and whenever for any cause the connective tissue tension is diminished the epithelium proliferates and forms cancer.

Beard (*British Med. Jour.*, 1905) suggests antagonistic enzymes as the cause of this tension, and that the impairment of the power of one kind or excessive activity of the other is responsible for cancer.

Some observers have concluded that extracts of the liver and pancreas contain material that will prevent carcinomatous proliferation.

Anderson of Norway argues a relation between the function of the thymus and the power of holding epithelial growth in bounds, from the fact that the common age of incidence in cancer and of thymus atrophy are nearly the same.

Cheatle (*Practitioner and Brit. Med. Jour.*) in his investigations of cancer of the lip and face has studied the posterior spinal root ganglia of patients suffering from these tumors. He found that the spread of these tumors, especially those of the basal cell type, resembled the spread of patches of leucoderma and scleroderma,

all bearing a relation to an area of skin corresponding to the zone of aesthesia of a spinal nerve. Moreover, Cheatele found at autopsy that there was inflammatory change in the posterior root ganglion in whose area of distribution the tumor began to grow, and degeneration in the ganglia into whose spheres of influence the cancer had spread.

It has long been thought that syphilis and leucoplakia have an etiological relation to cancer of the tongue.

Everyone is familiar with the frequent development of cancer in the areas of keratosis resulting from X-rays. These tumors are frequently multiple, and the same is true of the carcinomata of the skin occurring in the areas of keratosis that follow prolonged internal administration of arsenic.

Wyss (*Beitrag zur klin. chir. Tubingen*, 1906) thinks that a narrowing of the caliber of the blood vessel is responsible for development of cancer in X-ray dermatitis and in lupus and similar skin infections.

The occurrence of multiple cancers of the skin brings up the question of auto-inoculability of carcinoma.

Butlin, in his address at the Essex meeting of the British Medical Society (*Brit. Med. Jour.*, August, 1907), declares that "these tumors are multiple primary cancers, and that no one depends for its occurrence on any other of them."

He cites a case of Bergmann's as the only proved example of contact infection. In this case the patient, who had an ulcerated carcinoma of the lower lip, developed a similar tumor on the upper lip at the point of contact.

Epithelial tumors have two great sources of origin—either the cells come from the surface of the skin or mucous membrane, or from glandular epithelium. In the skin we have both sources, some tumors from the epidermis, others from the sweat and sebaceous glands.

Bloodgood (*Progressive Medicine*, 1904 and 1907) calls attention to the work of Krompecher and Petersen on epidermal tumors, and follows their classification in studying these tumors. The epidermis contains three types of epithelium. The superficial layer is made up of flat prickle cells, the squamous or spinous cell having a tendency to hornification and pearly-body formation. The lowest layer consists of small rather columnar cells—the basal cells. Between the two are intermediate shapes, most often rather cuboidal—the cuboidal epithelium.

Any variety of cell may form a tumor, or one, two or all three may occur in the growth, which may be benign or malignant.

The benign tumors are grouped as epitheliomata, and the malignant as epitheliomata maligna, or carcinomata. When the malignant overgrowth retains the general arrangement of skin epi-

thelium we call the tumor epithelioma malignum, and when all arrangement is lost, carcinoma.

Adhering to this classification, we have the following groups of tumors from the epidermis:

Benign.—Epithelioma—Spinocellulare.
Basocellulare.
Cubocellulare.
Multicellulare.

Malignant.—Epithelioma—Spinocellulare Malignum.
Basocellulare Malignum.
Cubocellulare Malignum.
Carcinoma—Spinocellulare.
Basocellulare.
Cubocellulare.

According to architecture we distinguish papilomata, those tumors in which the arrangement of cells is around radiating connective tissue prolongations, giving the growth a cauliflower appearance.

Either benign or malignant tumors may have papillary structure.

The distinction between the different types of malignant epidermal tumors is important for prognosis and to determine the extent of treatment.

The basal cell tumor is relatively benign; its extent is limited by the local lesion, and metastases do not occur. The treatment, therefore, can be limited to the local condition. The spinous cell tumor, on the other hand, is quite malignant, and metastases occur early. Treatment must include removal of the draining group of lymphatic glands as well as wide excision of the tumor. Cuboid cell tumors occur rarely, and occupy an intermediate position. The glands should be removed in treating these tumors.

The benign glandular tumors of the skin are adenomata, arising in sweat or sebaceous glands and hair follicles. Malignant tumors arise from these sources, and are classed as adenocarcinoma or carcinoma, according to their histology. Krompecher distinguishes a basal cell variety of glandular tumor which clinically is less malignant than those tumors in which the cell is of the type of the superficial epithelium of the ducts and acini. The benign glandular tumors frequently become cystic from degeneration of the epithelial masses.

The benign epidermal tumors seem prone to malignant change, especially when they are situated in regions where friction or other irritation is common. For this reason they should be excised early. When done at this stage the operation is simple; the excision can

be performed with cocaine infiltration anaesthesia without resulting deformity, and the patient spared the more formidable operation necessary for the cure of a malignant tumor. Some pathologists, notably Borst, take the stand that a tumor is either benign or malignant from its onset, and that a transition is impossible. In spite of this, it is the opinion of surgeons that malignant tumors do develop from seemingly benign growths, and that consequently these tumors should be removed in their benign stage.—(Bloodgood, *Prog. Med.*, December, 1903.)

The distribution of epidermal tumors is fairly well defined; basal cell tumors are uncommon on mucous membranes and rarely originate at muco-cutaneous borders. They are most common on the face, with the exception of the lower lip, and occur on the skin of the covered portions of the body.

The spinous cell tumors are common at muco-cutaneous borders, in which situation they are usually papillomatous, and they also occur in pressure areas. The cuboid cell tumors are rare. Mixed cell epitheliomata are most common on the hands and feet. Malignant epithelial tumors of the skin of the extremities are rare, except as a result of or in the course of an ulcer, sinus or chronic inflammatory lesion of the skin. (Bloodgood, *Prog. Med.*, 1907.) Recently I saw a patient of Dr. Bloodgood's in whom an epithelioma spinocellulare malignum had developed in a blastomycetic dermatitis.

(Continued next month.)

MATERIA MEDICA AND THERAPEUTICS (Medical Epitome Series). By Edward J. Kiepe. Philadelphia: Lea Bros. & Co. Price \$1 net.

This little volume is one of a series of quiz compends, arranged in such a way as to serve also as a condensed handbook of the subject. Its source is a guarantee of its excellence. A comment (not a criticism) which suggests itself to us is that it is time to cease burdening therapeutists with the principles of Latin declension. The main thing in prescription is to tell the druggist what you want him to put up. Elegance in Latin composition is quite secondary. Genitives are worrying to the doctor, and may confuse the druggist, especially if the handwriting is hurried. "Extractum rhois" might cause the druggist hours of wasted research. To require the doctor to be sure that his adjectives "agree in gender, number and case with the nouns which they qualify" is sheer nonsense. The practical physician writes "extract rhus," "extract nux vom.," "ext. triticum repens fluidrachm unum" without the slightest fear of the ghost of Cicero. His business was to write elegant Latin; ours is to cure disease, "*tuto, cito, jucunde.*"



BRICE WORTHINGTON GOLDSBOROUGH
of Cambridge

President of the Medical and Chirurgical Faculty of Maryland



PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

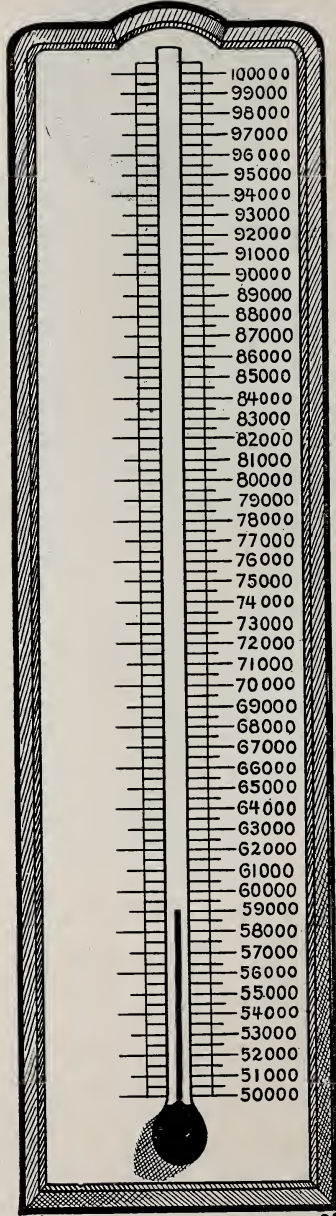
ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

NOTICE.

THE semi-annual meeting of the Faculty will be held this year on September 15, 16 and 17. The preliminary plans, details of which will be given in subsequent notices, are to go to Ocean City, Maryland, on Tuesday afternoon, September 15. Wednesday and Thursday will be devoted to the scientific work and other general plans to be announced later. Those wishing to do so may either return to Baltimore Thursday afternoon or remain at Ocean City one or more days as desired. More detailed plans of the trip will appear in later announcements. Titles of papers or any inquiries may be addressed to the COMMITTEE OF ARRANGEMENTS, 847 North Eutaw St., Baltimore.

**\$100,000.00 TO BE RAISED
BY APRIL 30, 1909.**



"HELP IT RISE"

“HELP IT RISE.”

THE slogan for the campaign which is to be waged during the year will be “HELP IT RISE.” You have watched the Fund grow until it is past the \$50,000 mark, and now we would like every member of the Faculty to help raise the Fund to the \$100,000.00 mark. This will be more than is actually needed for the new building. It will give us an endowment fund, which it is very necessary to have in order to successfully carry out the proposed plans. Subscriptions continue to come in, especially from the counties, Washington County having paid \$100.00. It is hoped that the other counties will follow this example, and make their contribution as a county society as large as possible. A great many of the county men have contributed substantial sums to the New Building Fund. It is absolutely necessary that we raise \$15,000.00 within the next thirty days, so that active work on the new building can be started. There is a field which has not been approached: the business men of the city and State should be asked to contribute to this cause, which is undoubtedly a public matter. We hope that the members of the Faculty who are in a position to approach their business friends will do so at the earliest possible moment and help to raise this amount at once. All that we need to insure the success of this movement is the harmonious cooperation of every member of the Faculty. This is no time for acrimonious aspersions, or the fostering of the slightest suggestion which would tend to engender discord or ill feeling among the members. There is plenty of work to do, and any one desiring to take an active part in this campaign will be welcomed by the members of the committee and assigned a place in the ranks of those who are working for the good of the Faculty and the profession in general, and without any other idea in view than the upholding of the Faculty's best interest. Let us all “get together” and show what a united Faculty can do, even though there are numerous obstacles and difficulties to overcome. Remember “Help It Rise” and that our next Annual Meeting will be held in the new building.

COUNTY MEDICAL SOCIETY MEETINGS

ALLEGANY COUNTY MEDICAL SOCIETY.

Meetings were held in June as follows:

June 3, at 8 P. M.

Pneumonia, Lobar and Lobular.

1—Differentiate Etiology. Bacteriology.—Dr. Duke.

2—Differentiate Pathology.—Dr. White.

3—Differentiate Symptoms and Physical Signs.—
Dr. Franklin.

June 10, at 8 P. M.

Pleurisy: Varieties, Etiology, Pathology.—Dr. McDonald.

Emphysema.—Dr. Buell.

Gangrene of Lung.—Dr. Brace.

Abscess of Lung.—Dr. Johnson.

June 17, at 8 P. M.

Technic of Brain Surgery.—Dr. Wailes.

Physiology of Respiration.—Dr. Hodges.

Lungs: Gross and Microscopical Anatomy.—Dr. Foard.

June 24, at 2 P. M.

Treatment of Pneumonia.—Dr. Koon.

Physiologic and Therapeutic Action.

1—Cardiac Depressants.

2—Cardiac Stimulants.

3—Expectorants.—Dr. H. W. Hodgson.

Hemoptysis.—Dr. Price.

Pleurisy (plastic): Diagnosis and treatment.—Dr. Gardner.

DR. GEO. L. BROADRUP, President.

DR. WM. R. FOARD, Secretary.

HOWARD COUNTY MEDICAL SOCIETY.

The regular June meeting of the Howard County Medical Society took place Tuesday, June 2, 1908, at the home of Dr. Wm. Eareckson, Elkridge, Md.

The subject for discussion was typhoid fever. The following interesting and instructive papers were read:

History and etiology of typhoid fever.—Dr. Nichols.

Bacteriology and pathology of typhoid with exhibition of microscopical specimens.—Dr. Stone.

Symptomatology diagnosis and progress.—Dr. Tumblesome.

Treatment.—Dr. Gambrill.

After an interesting discussion of the papers, the members adjourned to the large dining room of Dr. Eareckson's home, where a delightful luncheon was served.

The following members were present: Drs. Eareckson, Fort, Hebb, Williams, Stone, Tumblesome, Gambrill, Nichols, Cissel, Winterson and Miller.

F. O. MILLER, Secretary.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

ANNUAL MEETING APRIL 28-30, 1908.

PRESIDENT'S ADDRESS—DR. CHARLES O'DONOVAN.

AFTER twelve months of rather strenuous work in various fields appertaining to the benefit of the medical profession and to the improvement of the public health of the State of Maryland, I am prepared to relinquish the very honorable position which you conferred upon me at the last Annual Meeting, and to return once more to my place in the ranks. During my tenure of the office of President of the Medical and Chirurgical Faculty, I have been brought into contact with a great number of people, from the honorable Governor of the State to some of its poorest and most helpless citizens, and have had opportunities to observe the attitude assumed by those of every station in life toward matters concerning health and disease. Especially was I interested by observations along these lines at Annapolis during the recently terminated session of the Legislature, when I was in frequent communication with many of the most prominent public men of Maryland, of both political parties, and where I studied carefully the process of legislation, especially in reference to health. I may say, in passing, that no one could possibly observe at close range the machinery of law-making without recognizing the arduous labors of those who are chiefly responsible for the conduct of legislative affairs, and a profound respect for the tactful way that progress is attained. Although the efforts of this Faculty as a whole, or as individuals, were not entirely successful in securing the various enactments that they fostered, still, in explanation, we must recognize that we are far ahead of most people in health matters; that many things that seem to us to be axiomatic are entirely beyond the grasp of the average man, and that even the enlightened legislator must be able to explain his official conduct to his constituents' as well as to his own satisfaction. We must admit too that we were treated most courteously by the legislators, even when we worried them by the persistence of our efforts to secure legislation that they or their constituents did not understand or approve. One source of pleasure was to find that quite a number of medical men were in the legislature, where they made excellent records. It is to be hoped that this is the beginning of a worthy movement, which has been urged again and again upon physicians in this country, which should engage our attention most earnestly at this time when an immense wave of progress toward better conditions of health is sweeping irresistibly over the land, and the people are at last awakening to the full realization of the possibilities of preventive medicine. When they learn how much easier and cheaper it is to

keep a man well and useful, than it is to treat and nurse him through a serious illness and long convalescence of enforced idleness, then will be heard an insistent demand for the improved administration of public health matters for which doctors have striven during the last fifty years. That time is surely coming, and we must prepare for it by placing ourselves in the vanguard of progress, ready to lead and direct the people in their groping toward the light of health. In as much as a great deal of this must be accomplished through general or local legislation, there should be public spirited physicians who stand prepared to do their share of the work, at any personal sacrifice or inconvenience, either as advisors of those making or administering the laws, or even as law-makers themselves, in which event their voices should be heard and their votes recorded for every measure that benefits public health. During my visits to the various counties of the State, I have at all times urged upon doctors the desirability of having ample medical representation in each branch of the legislature, made up of men who are thoroughly conversant with the latest advances of medical science, to whom matters of hygiene, of sanitation, or of any other medical topic can be referred with the assurance of having them discussed thoroughly and properly acted upon. In the legislature which has recently adjourned we had the good fortune to be represented very well by a small, but active, group of doctors, who succeeded in doing several really excellent things for public health, and in blocking certain other legislation which would have been extremely unsatisfactory. Another thing of the utmost importance that became apparent this winter at Annapolis, was the excellence of our present organization, showing the solidarity of the medical profession throughout the State. With a few hours notice, we were able to summon before any committee that gave a public hearing on a medical topic a sufficient number of representative doctors at any time, and when we wished, we could bring men from every part of the State to speak for the various county societies. I feel that I am well within bounds when I say that the united medical profession has this winter exerted a greater influence in the legislature than ever before, and I do not hesitate at all to claim that what we have been able to accomplish has been entirely for the benefit of the citizens of Maryland. I feel, however, that this work has only been begun, the foundation has been well laid, but the superstructure must be reared, over which trained men must watch as the building grows. For this reason, I urge upon the members of this Faculty the need of having our representatives in future legislatures, and I beg that we shall hold ourselves in readiness to accept any opportunity that may enable some of us to become delegates two years hence. But to be successful in this, as in any other way, we must be united, and we should always have worthy objects before us. Such as suggest themselves at once are the various ef-

forts to strengthen the position of our State Board of Health, which is slowly improving the condition of public health matters in the State. I feel that there should be a closer connection between this Faculty and the Board of Health than exists at present; some kind of organic union, which would make each an integral part of the other, so that each of the members would feel a personal interest, as he should, in upholding and sustaining the work of the Board, and the members of the Board should be in more constant communication with the officers and committees of the Faculty. I believe that each would be helped in its own functions by this affinity and that there would be a corresponding gain by the public. I offer this as a problem well worth considering, and I believe that a proper solution is easily attainable.

I think, too, that the State Lunacy Commission should draw nearer to the Faculty in various ways. Had the influence of this organization been sought in time, it would have been an easy matter to have stirred up the committee that failed to make provision for the care of the insane as originally intended. We do not wish to mix in these affairs except for the common good, but every one must recognize what an immense pressure could have been brought to bear throughout the State by 1000 doctors moving and working together. This matter of the improper care of the insane has occupied the attention of legislators for years, and it should be settled as soon as possible. We have a committee on public policy and legislation which could have helped this worthy cause immensely.

Of the many matters that have concerned us especially during the past year, I know of none that has been more interesting than the course of public lectures that were given in this hall during the months of February and March on public health topics. The Faculty embarked upon this enterprise with considerable trepidation, but after very careful consideration of the subject, it was the unanimous opinion of the committee that had it in charge that there was a demand for such a course. The result amply justified this conclusion, for upon two occasions we had audiences of about 500 people, and at every lecture the attendance was sufficient to show that the public is anxious to learn more about health matters and is willing to patronize such efforts at enlightenment as we gave. I feel sure that a similar course of lectures next year will be even more popular, and I predict that we shall have them, and that they will be very beneficial. It is well to remember too that the members of this Faculty have throughout the year been engaged in educational work by means of several minor courses of lectures at settlement houses, before Church guilds and clubs of various kinds throughout the city and suburbs; so that hardly a week passed without some lecture being given on a health topic by one of us, and quite often there would be several in the week. So

that this Faculty has continued its work of stimulating public opinion along the lines of health matters, showing how benefits might easily be obtained, or dangers avoided, by simple rules that any one could observe. I feel sure that this has done an immense amount of good, which will not cease, but will grow more and more as the circle of knowledge acquired through these disinterested efforts grows wider and wider. The committee on public instruction has represented the Faculty worthily. This campaign of education has been especially successful in the war against tuberculosis and in our efforts to suppress the traffic in impure or contaminated foodstuffs. So enormous has become the outcry against tuberculosis that popular demand has compelled the State and City to recognize it as a foe to be fought with the utmost force. The patient investigations of medical men working in pathological laboratories, and the carefully collated evidence of clinicians, have long since demonstrated the best methods of contending with this universal disease; but for years have doctors preached to deaf audiences the criminal folly of accepting such a curse as tuberculosis as beyond hope of relief. Finally the rock of prejudice has shown signs of weakening and some effort is being made to break down a barrier to health that seemed adamant. The people begin to understand that tuberculosis is a curable disease, and one readily avoidable. This was a great stride. But another is being made by providing sanatoria for curable cases, and hospitals for the segregation of those that are helpless, these last being particularly prone to spread the disease. These are very expensive provisions, and can hope to reach only a very small proportion of tubercular cases, but they will do a vast amount of good. After all, the greatest benefit must follow from the education of the people in the means of avoiding consumption, or of curing it at home, as can be done readily enough. This is what is recognized as the most important question of the present day in medical progress, for there are many of us, and I am proud to say that I am one who believe that the time is not far distant when tuberculosis will be as rare a disease as smallpox or leprosy.

To produce this result will call for a great amount of work, by laymen as well as by doctors, but the outline has been drawn and active workers have been enlisted in enormous numbers so that the problem now rests in large measure with the sick themselves. To aid them, I feel that the Faculty should have a standing committee on tuberculosis, made up, like the other committees, of men actively engaged in this special work, but in close touch with this organization and reporting its work and recommendations to each annual meeting. This committee should, as far as possible, assist in organizing and directing the fight against tuberculosis, and should be in constant communication with the other societies of the State that are engaged in the same work. I consider this cam-

paign one that clearly concerns the public health, and, as such, I feel that it would be benefited very materially by having the advice of such a committee as we could provide. By this means the work could be systematized and made harmonious, avoiding the dangers that will surely rise from lack of supervision over the vast multitude that is enlisted in this campaign, and the constant tendency, so manifest in these big movements, to split up into individual units and so lose something that could be had through a centralized leadership and coöperation in development.

Of scarcely less importance is the question of pure food, which at present is agitating Congress and many of the State legislatures. There can be no doubt of the necessity of more careful supervision of the foods that we eat, especially of those that are most liable to deterioration or decay. Such supervision should also take into consideration the employment of various preservatives that have come into use during recent years, and should extend to the storage warehouses where cold processes are used. All of this means that money must be spent to secure honest and capable administration of such laws as may be passed to protect the consumer of food from the indifference of the producer or dealer. It must be manifest that to be complete and satisfactory there should be supervision of the food from the time that it becomes edible until it shall have been consumed. This means of course that nothing shall be done to it that may render it hurtful to any possible consumer, and applies not only to meats and fish, but to milk, bread, fruit or vegetables indiscriminately, for any one of these may be so produced as to be deleterious, or be so handled or stored or treated chemically as to cease to be healthy and become poisonous. To milk does this apply most particularly, for at every step of its progress from the cow to the child its purity is so beset with possible sources of contamination that it may lose entirely its original character of a healthy and readily digested food and become a deadly poison. It is with great regret that I must acknowledge that the laws of Maryland are woefully deficient in this matter of pure food regulation, and this is one of the problems that the people must take up for their own protection. Our very efficient State Board of Health attempted to have passed certain necessary additions to its rather restricted powers at the last session of our legislature, but the effort failed, through no fault of the members of the Board, or of this Faculty, as a body, for we used very strong efforts in favor of the bill, without success, but solely because of the inability of some of the legislators to comprehend the advantage of placing the administration of the law where it manifestly belongs.

It may be interesting to you to know that one of the arguments used against our idea of this proper administration was that an appropriation of \$10,000 was too much to be entrusted to the State Board of Health. As Dr. William H. Welch is President of that Board, and the Governor and the Attorney General of the State are members ex-officio, one would think that a sum of money

of that size might be ventured upon. The truth of the matter is that the people have not yet awakened to the possibilities that lie before them. There are still too many who believe that they should eat stale or half rotten meats or fish because it has been the custom to do so in the past, or that their children should be poisoned continuously by filthy milk until death relieves them, because they are too supine to bestir themselves against such a glaring iniquity, or that individuals half dead with tuberculosis should be allowed to expectorate when and wherever they wish, to the manifold discomfort and positive danger of all around them, rather than in a slight degree to curtail personal privilege. And this will go on forever, as it has gone on in the past, unless those who are after all the sufferers, the people, the great, lazy, unthinking, negligent, inert mass called the people, arouse themselves to better things. We doctors have preached about these matters for years, with insistent voices constantly growing louder, until in some slight way we have, here and there, awakened interest and affected some reforms. No man may now defile the floor of a street car in Baltimore City without liability to arrest and fine, but on every railroad in the State this can be done, and is done, without legal hindrance; it is a dangerous thing now for a producer to ship to Baltimore milk beyond a certain grade of impurity, for he will see it emptied into the gutter, where it belongs; manifestly diseased cattle cannot be slaughtered for sale as food if one of the few inspectors happens to see it first; fish, fruit or vegetables that would have been sold in our markets at a discount to poor consumers in former years, are now promptly condemned whenever discovered; so there has been some advance, but always in the face of enormous opposition from interested parties, and usually through the unaided efforts of members of this Faculty. This is a matter with which we have been concerned for a long time, and for which we have a standing Committee on Legislation, who work very hard at problems that concern the public health, but with very little encouragement from the public, either by way of recognizing their efforts or aiding them to accomplish their aims.

In order to stimulate this most needed and desirable coöperation, the Faculty has established what is practically a bureau of information about health matters, placing it in the hands of our very energetic and capable committee on public instruction, which has done such excellent service during the past year by disseminating medical knowledge very freely and widely to all who cared to learn. I hope sincerely that these efforts will help to arouse people to show such interest in their own affairs as will enable us to carry through certain sanitary ideas that are at present in abeyance. Especially is this to be hoped for in the crusade now instituted under the auspices and guidance of this Faculty against those diseases which so often follow disregard of moral laws. The recent discovery of the organism producing one of these diseases, and clinical and laboratory study of its life history, have enormously strengthened the hands of those who are working in this line, so

that the recent organization here of a society for social prophylaxis comes at an opportune time. I believe that the proper, indeed the only successful, way to fight these diseases is along the lines that this society proposes to advance, and if we receive sufficient encouragement from our friends of the laity we shall soon be able to show ample justification for our undertaking. In this matter, as in all others that concern the public, and for which we seek the assistance and coöperation of the public, especially when we are endeavoring to stimulate and foster a proper public spirit, we feel inclined to turn for aid to our friends of the press. We have our own journals for the dissemination of purely medical news, or the discussion of those scientific topics that are interesting only to doctors, but if we wish to reach a larger audience, as is often the case, with some news that is of special importance, or if we are endeavoring to create a healthy public interest in some affair of civic or national concern, we should unhesitatingly call to our aid the ubiquitous reporter, or seek counsel of the editor. A few words of conversation with either will enable us to reach a greater audience than could be crowded into every hall in Baltimore. We have found editors most anxious to help us when live questions came up; in some few instances, the reporter shows a rather inelegant flippancy, but from the sanctum comes usually a well considered and thoroughly digested statement of the question with a firm and hearty declaration of principles. It is but natural that the editor, who is supposed to be omniscient and infallible, should welcome a few suggestions from doctors when he wishes to discuss a medical question, and it is no more than right that we, who are conversant with such questions, should see to it that he is not misled from false premises into conclusions that must be incorrect. We have a standing committee whose duty it is to confer with the lay press, and we invite and urge its members to recognize the broadening scope of their work and to develop, as it may become desirable, this vast field of opportunity. The time has long since passed when we should sit supinely still and see modern progress pass by us. The burning questions of the day affect us as physicians as well as citizens, and we shall prove unworthy of our calling, and of ourselves, if we fail to use every effort to accomplish what we believe to be for the public good; and this is to be done not only by private admonition and advice, but through those vastly greater means of public instruction well known to each of us. At such times we must be teachers, not scholars, preachers, not listeners, leaders, not laggards, working ever to the full extent of our ability for the welfare of our brothers. And if we feel that our efforts may be aided by the coöperation of the news of editorial columns of the daily or weekly press, we should freely and fearlessly avail ourselves of that, as of every other opportunity, to reach our desired goal. It is impossible to ignore or overestimate the enormous power of the press, and this is so evident that I deplore the fact that we have no organ, that is entirely under our own control and would enable us to speak freely and frequently to

each of our members. One cannot contemplate this possibility without recognizing instantly what it would mean to this Faculty. It need not in any way interfere with medical journalism as usually understood, but could be used as a means for interchange of ideas between the officers of the Faculty and its members, or between the constituent societies in the different parts of the State, or as a disseminator of medical news, or a place for discussing medical matters not necessarily scientific, or in a hundred various capacities that would soon become manifest had we such opportunity at our disposal. I am firmly convinced of the feasibility of such an undertaking, and I hope that it may at some early date become an actuality. A simple bulletin would serve well enough to begin with, but, if properly conducted, it would soon become the official organ of the Faculty and be gladly welcomed into the offices of every physician in the State. For I believe the time will soon be at hand when no reputable physician of Maryland will be willing not to be a member of this Faculty. During the last few years there has been recognized the great need of organization of our profession to give it greater force and weight in public matters, and under the auspices of the American Medical Association this work has progressed in every part of the United States. In this matter, Maryland has not lagged behind, so that we have today an excellent skeleton organization covering the entire State. One must acknowledge that some of the County Societies are not strong, and need nursing, but most of them are vigorous and flourishing, amply able to take care of themselves and lend aid to weaker sisters when necessary. Sufficient time has not elapsed since our organization to enable us to acquire that harmony and unity of action which will eventually make us so powerful for good, nor have we been able to eradicate entirely that individualism which we inherited from our forefathers, and which interferes materially with the complete success of any organized effort. We have still our own local interests, and in some few instances our local antipathies, which cloud the vision and obscure our foresight. These are accidental circumstances that may impede progress temporarily, but which must disappear in a short time. It requires no argument to show that our strength must, and will, increase enormously as our organization grows; indeed, we are so strong now, so sure of ourselves, that we have embarked upon enterprises that would have staggered us a few years back, and of which our forefathers hardly dared to dream. Look at the movement against tuberculosis. It originated and was fostered in this Faculty, and with such success that it has now become a burning medical topic throughout the entire State. Whence came the excellent sanitary system now in vogue in our City Department of Health? Who are the efficient members of the State Board of Health? Observe the agitation upon the subject of pure food, and especially for the improvement of the milk supply, and you will find that members of our Faculty are working strenuously and always for the public good. We have undertaken to educate the people by free public

lectures, and have met with hearty appreciation of our efforts. And now we are instigating a powerful and well digested crusade against the effects of immorality along lines that are truly scientific and educational, that in no way intrudes upon or interferes with the work of pure moralists, but arrives at the same end through means essentially different. Are not these sufficient good works to occupy us? Great as they are they do not cover the entire field of our present endeavors. These are the things that we are doing for others, to our own greater honor and glory, it is true, but to our material detriment nevertheless.

Our great duty to ourselves is to foster and strengthen those bonds of love and fellowship that should bind us together. As organizations grow they develop insensibly seeds of disintegration. This we must avoid and struggle against. We are working for a common purpose, which calls for united strength, and offers unbounded opportunity. The doctor is no longer a curer of sick people only, he should be the leader of his community in every public matter as well as the advisor of his patients. The problems offered now by sanitary science and preventive medicine open fields of almost limitless expanse. The health of communities is so bound together by the intercommunication of people and products, that sanitary questions are no longer local. Impure milk or contaminated water often produces dire results fifty miles away. Rural sanitation is quite as important as supervision over crowded city slums. There must be a constant interchange of thought and harmony of action between the health wardens of neighboring and often distant communities. Smallpox in a mountain railroad camp may lead to an epidemic in Baltimore City, or vice versa. The mails, the press, the telegraph or telephone must all be made subservient in our constant warfare with disease. Books and journals must be at our disposal to enable us to keep abreast of the times, and know how such problems as worry us have been met and conquered elsewhere. Above all we must see each other; we must visit each other in the different parts of the State; the city men must go to the counties and there see for themselves what a splendid set of fellows the County doctors are; how tireless, how hardy, how resourceful; and in turn the men of the Counties must come to town, to the hospitals, to our homes, to the Library, around whose walls they can see the portraits of our great forefathers and on whose shelves may be found the medical wisdom of all ages. In that cramped building on Eutaw street beats the great heart of this Faculty, ceaselessly working for the public good, pouring forth impulse after impulse that flows abroad and keeps alive medical activity and fraternity throughout this State from the mountains to the sea. Its modest, vine-clad front gives no evidence of what is within, of the priceless treasures that we hold dear, and of the hallowed memories that can never be forgotten, of faces that haunt us, of voices that speak to us from afar; the musty books have been held by hands that are now cold and read by eyes now closed in dreamless sleep; our fathers, brothers, friends,

have passed through those doors and left behind only sweet memories. Do you wonder that we revere our library, that we wish a brighter setting for our jewels, that we dread the irreparable loss of our treasures that an hour's fire could produce? We should be heartless, inhuman, had we any other feeling. What has been gathered during more than a century must be preserved for our successors. In our new building, our relics and treasures will find a fitting home, without impairing the usefulness of our library or impeding the work to which we are committed. Rather shall the achievement of our hope stimulate us to higher ideals and greater efforts for the improvement of the public welfare. The past year has not been devoid of progress. The promises of the last meeting have been more than fulfilled. The Committee to which you entrusted this great undertaking has worked night and day. We have, through its efforts, secured a superb site, in a most eligible location, large enough for our needs for a full generation. We have the drawings of the architect showing what our home will be. And best of all, we have aroused such enthusiasm amongst ourselves that every doctor in our Society stands ready to contribute to the consummation of our ideal. The State of Maryland has recognized the vast benefit that must flow from the centralization of our united efforts and has aided us very materially in our undertaking. By this time next year, we may be in our new home, surrounded by our priceless treasures, by the portraits of our ancestors, drawing inspiration from the aroma of precious volumes, looking forward to years of increasing achievement. Fellow members of the Medical and Chirurgical Faculty of Maryland, for your sake, and through you for the sake of my fellow citizens of Maryland, I have, during the past twelve months given without stint of what energy or capacity I possess. I entered upon this work with great diffidence, but I have striven to keep alive the best traditions of our old Society while arousing to new achievement the latent energy of our members. The position of President of this Faculty is no longer a sinecure. He who fills it must be ready to work. But if he will assimilate the spirit that now quickens our organization, he will find many ready to help in solving the problems to which we have addressed ourselves. During the past year our endeavors have broadened immensely, but willing workers were always at hand asking only to be directed. I wish now, from this platform, to extend to each of those who responded so cheerfully to every call, the thanks of our entire membership and my own personal gratitude. Without their aid I should have been able to accomplish nothing, but with it we have made a record of enviable progress. There should be no halting. The way is open. The dawn of another year is breaking. By united effort and hearty enthusiasm we shall make it the most glorious in our long history, full of high endeavor, of patient investigation, of careful construction, of broader and better work, of successful attainment, of every quality that makes our Faculty a greater benefit to its members and a more powerful force working for the improvement of mankind.

ACTIVE MEMBERS OF COMPONENT SOCIETIES.

*(Continued from Last Month.)**Prince George County Medical Society.*

Bennett, Robert A., Riverdale, Md.
Birdsall, Charles W., Hyattsville, Md.
Bradfute, Champe S., Mt. Rainier, Md.
Coe, John Alexander, T. B., Md.
Coggins, Jesse C., Laurel, Md.
Cronmiller, John D., Laurel, Md.
Duvall, John M., Springfield, Md.
Etienne, Arthur O., Berwyn, Md.
Fox, Charles A., Beltsville, Md.
Gibbons, William H., Croom, Md.
Griffith, Lewis Allen, Upper Marlboro, Md.
Jones, G. Wilson, Laurel, Md.
Latimer, Guy W., Hyattsville, Md.
McDonnell, Henry B., College Park, Md.
McMillan, Samuel M., Riverdale, Md.
Middleton, Carral S., Berwyn, Md.
Nally, Harry, Mt. Rainier, Md.
Postley, Charles E., Hyattsville, Md.
Taylor, William F., Laurel, Md.
Willis, H. F., Hyattsville, Md.

Queen Anne's County Medical Society.

Chairs, Wesley W., Queenstown, Md.
Coppage, William G., Church Hill, Md.
Corkran, James, M., Centreville, Md.
Dudley, Norman S., Church Hill, Md.
Fenby, Walter H., Ruthsburg, Md.
Ford, R. H., Queenstown, Md.
Henry, William T., Stevensville, Md.
Kemp, Charles P., Kent Island, Md.
Landers, A. E., Crumpton, Md.
Reading, Laura E., Hayden, Md.
Smith, Ernest F., Centreville, Md.
Smith, J. R., Templeville, Md.
Stack, James W., Wye Mills, Md.
Sudler, Foster, Sudlersville, Md.

St. Mary's County Medical Society.

Hodgdon, A. L., Pearson P. O., Md.
King, J. O., Oakville, Md.

Somerset County Medical Society.

Alexander, Harvey G., Deal's Island, Md.
Allen, Ira A. B., Marion, Md.
Atkinson, Gordon T., Crisfield, Md.
Bell, Emory E., Marion, Md.
Collins, Clarence E., Crisfield, Md.
Coulbourne, William H., Crisfield, Md.
Dickinson, Granville E., Upper Fairmount, Md.
Fisher, Charles T., Princess Anne, Md.
Hall, William Fletcher, Crisfield, Md.
Hoyt, Ralph L., Oriole, Md.
Schwatka, Charles T., Deal's Island, Md.
Simonson, Gordon T., Crisfield, Md.
Smith, Teackle J., Princess Anne, Md.
Somers, J. Fletcher, Crisfield, Md.
Tawes, Patrick H., Ewell, Md.
Wainwright, Charles W., Princess Anne, Md.
Ward, Christopher C., Crisfield, Md.
Windsor, Samuel J., Dames Quarter, Md.

Talbot County Medical Society.

Chaplain, James S., Trappe, Md.
Davidson, Charles F., Easton, Md.
Dodson, R. B., St. Michaels, Md.
Hayward, Alexander Bailey, 527 Federal Building, Chicago, Ill.
McCormick, J. L., Trappe, Md.
Merritt, James B., Easton, Md.
Roberts, Sudler P., Oxford, Md.
Rose, Charles H., Cordova, Md.
Ross, Joseph A., Trappe, Md.
Seth, Joseph B., McDaniel, Md.
Seymour, William S., Trappe, Md.
Stelle, Clifford M., Cordova, Md.
Stevens, James A., Easton, Md.
Travers, Philip Lee, Easton, Md.
Trippe, Edward R., Easton, Md.
Wilson, S. Denny, Easton, Md.
Wilson, S. Kennedy, Tilghman, Md.

Washington County Medical Society.

Baker, Charles D., Rohrsersville, Md.
Bishop, E. Tracy, Smithsburg, Md.
Boose, Theodore B., Hagerstown, Md.
Charles, Henry F., Hagerstown, Md.
Davies, S. Seibert, Boonsboro, Md.

Derr, Hamilton K., Hagerstown, Md.
Eirly, Clara S., Hagerstown, Md.
Foster, Henry C., Clearspring, Md.
Gaither, Ernest H., Williamsport, Md.
Gardner, S. Howell, Sharpsburg, Md.
Herman, Henry S., Hagerstown, Md.
Hoff, David E., Union Bridge, Md.
Humrichouse, James W., Hagerstown, Md.
Kefauver, Maurice D., Smithsburg, Md.
Keller, Luther H., Hagerstown, Md.
Laughlin, John Royer, Hagerstown, Md.
Laughlin, Mary A., Hagerstown, Md.
McCauley, Charles S., Hagerstown, Md.
Maisch, Augustus C., Hagerstown, Md.
Mason, Augustine S., Hagerstown, Md.
Miller, D. C. R., Mason & Dixon, Pa.
Miller, Victor Davis, Jr., Hagerstown, Md.
Miller, William Preston, Hagerstown, Md.
Morrison, William B., Hagerstown, Md.
Nihiser, Winton M., Keedysville, Md.
Perry, Jonathan P., Clearspring, Md.
Pittsnogle, Jephtha E., Hagerstown, Md.
Protzman, Joseph, Smithsburg, Md.
Quinn, William Alexander, Chewsville, Md.
Ragan, O. H. William, Hagerstown, Md.
Reichard, V. Milton, Fairplay, Md.
Richardson, William S., Williamsport, Md.
Scheller, Christian R., Hagerstown, Md.
Schindel, E. M., Hagerstown, Md.
Scott, John McPherson, Hagerstown, Md.
Shank, Abraham R., Clearspring, Md.
Tabler, Homer E., Hancock, Md.
Wade, John H., Boonsboro, Md.
Wagaman, Samuel M., Hagerstown, Md.
Wareham, Edward A., Hagerstown, Md.
Watkins, Daniel A., Hagerstown, Md.
Wertz, Irwin M., Williamsport, Md.
West, James A., Hancock, Md.

Wicomico County Medical Society.

Dick, James McFaddin, Salisbury, Md.
Elderdice, John Martin, Mardella Springs, Md.
Lynch, J. H., Quantico, Md.
Morris, Louis W., Salisbury, Md.
Potter, DeAlton B., Salisbury, Md.
Slemons, Francis M., Salisbury, Md.

Todd, George W., Salisbury, Md.
Tull, Harry C., Salisbury, Md.
Truitt, J. H., Delmar, Md.

Worcester County Medical Society.

Aydelotte, John S., Snow Hill, Md.
Bennum, Charles H., Girdletree, Md.
Collins, Rollins P., Bishopville, Md.
Costen, Isaac Thomas, Pocomoke City, Md.
Dickerson, John D., Stockton, Md.
Dirickson, Cyrus W., Berlin, Md.
Dirickson, Edwin J., Berlin, Md.
Hall, R. Lee, Pocomoke City, Md.
Holland, Ebe., Berlin, Md.
Jones, Paul, Snow Hill, Md.
Pitts, John W., Berlin, Md.
Purnell, J. B. R., Snow Hill, Md.
Quinn, Samuel S., Pocomoke City, Md.
Riley, John L., Snow Hill, Md.
Straughn, William D., Snow Hill, Md.
Tyndell, Ira C., Whaleysville, Md.
White, William H., Whiton, Md.

Non-Residents.

Barrow, Bernard, Barrow's Store, Va.
Gwyn, Matthew K., South Atlantic Quarantine Station, via Inverness, Ga.
Hartman, George J., Muskegon, Mich.
Hunt, Reid, The Hygienic Laboratory, 25th and E streets N. W., Washington, D. C.
McKim, Smith Hollins, Irvington-on-Hudson, New York.
Marshall, Harry Taylor, Manila, P. I.
Opie, Eugene L., Rockefeller Institute, New York city, N. Y.
Osler, William, Oxford, England.
Peebles, T. C., Falmouth, Mass.
Ramsay, Otto G., New Haven, Conn.
Rusk, Glanville Y., Pathological Institute, Ward's Island, N. Y.
Smith, Alan W., Oregonian Building, Portland, Ore.
Sudler, Mervin Tubman, Lawrence, Kan.
Vogel, Charles W., United States Public Health and Marine Hospital Service, Manila, P. I.
Wattenscheidt, Charles, Orlando, Fla.

SYMPOSIUM.

[NOTE.—Contributions to this Symposium are solicited from all sources on subjects relating to the good of the Faculty and to the profession of Maryland in general. The editors are not responsible for opinions expressed.—MANAGING EDITOR.]

OUR GREATEST NATURAL RESOURCE.

The 110th annual meeting of the Medical and Chirurgical Faculty by a singular coincidence took place at the same time while an historical conference was being held in Washington. The conference called by President Roosevelt for the conservation of the national resources, whether or not productive of any immediate results, must, nevertheless, take a place in history, signifying, as it does, that one of the most wasteful countries in the world has now reached a point where it must consider the conservation of its resources.

Apparently no one has noted as in any way remarkable that this conference failed to consider the conservation of its greatest national resource, namely, its population. Since all property of the State, with the exception of real property (and this includes all property having intrinsic value), depends upon the population of the State, it is all the more remarkable that this resource should have been overlooked and neglected. Experts in the conservation of every resource were called to the Presidential conference except experts in the conservation of human life. This, if nothing else, should indicate to our State medical societies how little impression the work of sanitarians and the medical profession has made on the public mind.

The 110th annual meeting marked a change which has been going on among medical men in their attitude towards public affairs. For the past two sessions the meeting has been held jointly with the meeting of the State Charities and Corrections. These meetings cannot fail to be mutually helpful to the physician and the social worker. For the physician they form a new point of view and show the place which the medical profession should take in social movements. For the social worker they furnish an impetus which can only come from the medical profession. It is particularly appropriate that the physician who considers humanity as an individual should enlarge his field by the consideration of humanity in the aggregate. Unquestionably with each annual meeting we find a larger number of physicians connected with public affairs, either officially as legislators or as members of the boards executing certain branches of the State government, or unofficially as members of societies and organizations concerned in larger social movements. Certainly the medical members of our last Legislature have made records of which the medical profession has no reason to feel ashamed, and these men should receive our support. We are prone, as a class, to criticise, and often severely and unjustly, the acts of men who are working under conditions of which we have no proper knowledge. This is particularly the case with our legislators. Mistakes and vices of the Legislature are always glaringly apparent, but its virtues very seldom receive proper recognition. Average men representing average communities, only experienced in dealing with the average questions of daily life, are called to the State capital to consider the perplexing and difficult problems of our social organization covering the most difficult questions of law, science, religions, morals, art, philosophy and hygiene; questions about

which experts in the special line often honestly differ. This is particularly the case with hygienic problems, about which legislatures show the profound ignorance and indifference of the general public.

The time has come when the medical profession must insist that their hygienic authorities shall be adequately equipped to deal with the serious problems which confront them. It is not fair to send forth men to fight dragons equipped with a popgun and a handful of pebble. The State of Maryland has always adopted an extremely parsimonious policy toward its health authorities. The State of Virginia, where hygiene has been practically dead for 20 years, has just appropriated \$40,000 to its State Board of Health, while the Maryland State Board of Health is compelled to execute important hygienic laws with a little over \$18,000 annually. The task that immediately lies before the medical profession is to convince the public that the health of the community can be regulated (within certain limits) with as much surety of result as can a crop of corn or wheat, and that tuberculosis in human beings (for example) is at least as important as tuberculosis in hogs.

MARSHALL L. PRICE,

Secretary State Board of Health.

THE ADVANCEMENT OF ORGANIZATION.

The one word on all lips in our times is the wonderful progress of medical science, and it is a true saying, worthy of all acceptance.

Our greatest need today, however, is not more knowledge, but its wider application.

Medical men know very little, but vastly more than society has utilized.

Until medical knowledge has been ground down to the capacity of society and has become a part of its corporate existence our function has not been fulfilled.

It is not enough to discover that certain infectious diseases are preventable; we must be able to communicate this knowledge in a way that will generate sufficient moral enthusiasm to make it available.

Our failure as public instructors is largely attributable to a lack of esprit de corps and to the absence of those external evidences of unity that are embodied in organization.

Were our whole profession firmly knit together in a compact organization its deliverances upon public questions would be a law of society.

The paramount question in our ranks today is: How can the organization of our profession be advanced?

I answer: By making membership in our regular organization a condition of registration and by excluding from consultation all members of the profession who are not thus affiliated.

WILLIAM HERBERT PEARCE.

Baltimore.

ORGANIZATION.

Organization is the great lever of the human will and intelligence—that principle which co-ordinates the functions and movements of society into harmonious and efficient action and directs the mental and physical energies of men in work of the highest aim and advantage. The medical pro-

fession of Baltimore and the larger towns of the State are not indifferent to such important considerations and interests as are involved in the work of professional organization. Those who had the pleasure of attending the last meeting of the Medical and Chirurgical Faculty could not fail to be impressed with the work being done by our State organization for the profession of Baltimore and a few of the counties. It would probably do more for the other counties if the members would attend the meetings and take an interest in them. A large proportion of the regular practitioners in the State are members of the State organization, yet very few from the counties except those adjacent to the city of Baltimore ever attend the meetings. Among the reasons, some probably do not feel able to bear the loss incurred by being away from their work and the expense of the trip; others have patients too sick to leave four or five days, as they have no one to take charge of them during their absence (this frequently prevents me from attending the meetings), but the vast majority do not take as much interest as they should in keeping up with the great advance in medicine and surgery. This might be different if the official members and the members of the committees would take a little more interest in this great body of medical workers throughout the State. When they do attend a meeting, give them a hearty welcome, and, when possible, some work to do; show them that their efforts to aid the organization and improve themselves as much as possible are appreciated. It is to the wisdom and liberality, to the influence and leadership of such an organization as the Medical and Chirurgical Faculty that the profession of Maryland must look for larger growth, influence and prosperity.

GRANVILLE E. DICKINSON.

Upper Fairmount, Md.

Society Reports.

BALTIMORE CITY MEDICAL SOCIETY.

MEETING HELD FRIDAY, JANUARY 17, 1908, 8.30 P. M.

J. W. Williams, Chairman.

J. A. Chatard, Secretary.

S. M. Cone, third member of Executive Committee.

SYMPOSIUM ON THE BIER HYPEREMIA TREATMENT.

I. *A Case of Tuberculosis of Ankle Treated by Bier's Hyperemia*—Dr. Kennard.

The patient complained of swelling of the right ankle. The present illness lasted one year. There were occasional night cries. The right leg showed slight atrophy. Pain in the knee was also complained of, but on examination the knee was found to be negative. The right foot was smaller; showed no redness; no local rise of temperature. Motion was somewhat restricted and there was tenderness on pressure. In March, 1907, treatment was instituted with the Bier's hyperemia bandage. An elastic bandage was applied one hour a day tight enough to cause venous stasis. During treatment the arteries should pulsate and the skin should be pink, not cold nor blue. At first no improvement was noted. An abscess developed and was aspirated. The suction cup was used, but the abscess

refilled and was reaspirated. Applications of the bandage were then made for two hours a day, morning and afternoon. No fixation was used, but a Thomas splint was applied. The treatment has now been going on nine months. Today the ankle is well except for some puffiness. There is good motion. The treatment is still being continued.

II. *Hyperemia by Means of the Suction Cup in Minor Surgery—Exhibition of Cups and Method of Application*—Dr. B. M. Bernheim.

The suction cup was perfected by A. Bier and his assistant, Clapp. The elastic bandage is now widely used, but not so with the cup. The results with both cup and bandage are good and they can be used together to advantage. Cups can be obtained to fit all lesions, and the technique of application is simple and easy. The cup should fit the lesion, the edges being greased with vaseline. The bulb is then applied and the air sucked out to approximate the edges of the cup with the skin. The patient should suffer no pain. The pressure must be regulated and the edge of the cup must be outside the area of infiltration. The skin should be red to dark blue. Hyperemia should not be carried to the point of stagnation. Pressure should be increased to the point of pain and left on for a period of five minutes. There will be an exudation of blood and pus. The part should then be bathed two minutes with boracic acid. The cup for five minutes and bathing two minutes should be alternated up to 40 to 60 minutes. Don't increase the pressure to force out all the pus at once. After a suitable period of treatment remove the dirt and put the part up in a wet dressing. The pus will decrease each day and the patient will have greater power to endure the cup. The first few days are the most important. Always cup for five minutes and then give two minutes rest with bathing the part. Later the time of treatment can be reduced. It is possible to use the cup twice a day, but this is rarely done. Don't squeeze or probe the wound, nor is it wise to curette or drain it. Splints should not be used. The patient should use the affected part. As we progress to a cure the frequency of the treatment can be reduced. If an incision is demanded, it should be about 1 to 1½ cm. long. For use in mastitis the cup should be at least 1 cm. outside the line of the breast. If nothing is drawn with a large cup, we can use a smaller cup over the nipple and incision. The cup should be used only when we have pus, and not when the tissue is broken down. The advantages of this treatment are that the course of the disease is shortened, pain is lessened and the patient is able to work to advantage. In reported cases, one, a double inguinal bubo, was lanced and cleared up in a month. Enlarged glands cleared up in three or four cuppings. Carbuncles yield readily after a small incision, as do furuncles. "Oyster-shuckers' hands" do well, and not a tendon was rendered functionless when the cup was used. A foot infected with a nail, having a cavity three-quarters inch long, closed up nicely. One of the difficulties is that patients stop coming to the dispensary too soon, as the various conditions get better quickly under treatment. Early ichio-rectal abscesses do well and are absorbed. It is dangerous to put on an elastic bandage and let the patient go home, as the bandage may be too tight or may be left on too long. However, if the patient is intelligent, sometimes the bandage can be left on. With lymphangitis it is not necessary to put the bandage outside the limits of the involvement. In one case the arm bandage was left on 18

hours at first, then 15 hours and then cupped. In all the bandage was applied twice and the cup five times. A bed sore, with an ulcer two inches wide, healed in two weeks with cupping. An arm with two traumatic sinuses, running to the bone, was cupped and only a fibrous ankylosis remained. The function of the arm was restored by exercise.

III. *The Use of Bier's Hyperemia Bandage in Surgical Conditions*—Dr. R. T. Miller.

If one believes what Bier says, hyperemia is of use in any condition. It can be used in arthritis, delayed union, etc. Severe cases are taken into the hospital in Bier's clinic. In infection of the tendon sheaths the pockets of pus are incised, the pus expressed and no drain put in. A dry dressing is applied and the patient sent to the ward, where a bandage is applied. Sixteen years ago Bier applied hot air in joint troubles. This did not prove satisfactory, and the bandage was tried. From tuberculosis the work turned to acute infections, the bandage being left on 2 to 22 hours. The pain goes in from one-half to one hour and the patient gets to sleep. The next morning the limb looks frightening. There is heat, swelling and redness, but no pain at all. The patient allows the hand to be used and himself flexes the fingers. Persons seeing all this for the first time disapprove. The bandage is then removed and the arm suspended to stop the edema. The part is examined for pus; any foci are excised, no drain put in, and after bathing and dry dressing the bandage is applied again. The procedure used to be to incise and throw the tendon up out of its sheath. The dressing took up the serum and the tendon got no nourishment from the subjacent periosteum. So the tendon sloughed or there were stiff fingers, and the dressing was very painful. Bier's treatment leaves nourishment for the tendon and there is no pain. Also free passive motion can be instituted or the patient himself can move it. So we get no adhesions, and, as a result, a functional hand. The pain is slight and the patient don't mind the dressing. Dr. Joseph looked up 18 cases of acute suppurative infection of the flexor tendons treated in Bier's clinic, and of these 90 per cent. were functional. These results would be impossible with the old methods. In acute osteomyelitis the subperiosteal abscess is punctured and the subsequent sequestration is less. The bandage is applied 18 hours, and then, after a wait of two to three months, operation is undertaken and less bone is lost. A severe infection brings a severe reaction, and so in later treatment only a passive edema is induced. This is not of service, so hot air should be used later. In arthritis the pus is drained through a puncture wound and the bandage applied. Passive and active motion is carried on, the pus gets thinner and good results are obtained. Pain is overcome by hyperemia in gonorrheal arthritis. In tuberculosis the reaction is different, and the bandage is applied for less time. A passive hyperemia is induced, but not as in acute infections. At Johns Hopkins Hospital convalescence has been shortened one-third, there has been less pain and the functional results better. A case of a woman, toxic and sick on admission with a needle in her hand, was treated by hyperemia. The wound was green inside and angry-looking. The wound was sewed up and a bandage applied. The wound healed in 10 days. In another case of septicemia with acute epiphyseitis in a young child three stabs were made and bandage applied. In 12 days there was motion, but still a little pus. In four cases of tuberculous knee the average

duration of treatment was one year, and perfect function of the joint was obtained. In two cases of tuberculosis of the elbow, treated one and one-half years, perfect motion was obtained, although there was slight atrophy in one of them. A tuberculous finger, seen one year after treatment, and only with difficulty could the affected finger be identified.

DISCUSSION.

Dr. Conc: What about the length of time of application and the combination of congestive and active hyperemia? Pathologically, in passive congestion we expect an overgrowth of connective tissue, a healing tissue. Bone examined in sections shows the same reaction as the soft parts to hyperemia, only it is harder to demonstrate. In bone the lacunae are widened, the cells swollen and the nuclei budding. There is edema around the lacunae and looks like Virchow's bone territory; has an embryonal appearance. Intermittent hyperemia acts like compensation and loss of compensation on the heart; there is an overgrowth of the cell. The cells in bone act as in the heart and liver, with loss of compensation, viz., compensation, then loss of compensation and death.

Dr. Branham: The speaker feels that he has had some improvement in his cases. The treatment of suppurating cases has not done well without incision. On the contrary, joint conditions and old sinuses have done finely. A suppurative abscess, drained through the abdomen and cul-de-sac for four days, didn't go either way. On the fifth day the hyperemia apparatus was put on for one and one-half hours. The temperature, before elevated, went to normal and the wound healed nicely in four weeks. No success has been attained in the treatment of buboes.

Dr. Hirschfelder: The pressure and tightness of the bandage are important. A thin rubber dam has been used successfully, as the arterial pulse was not obliterated. In April there was a case of dislocation of the jaw, which was out 12 hours. It was replaced, but kept coming out again. Serum collected in the joint. For several months treatment with packs, massage, etc., was unavailing. The patient couldn't sleep. A breast pump was used for producing hyperemia over the dislocation, and there was relief in 10 minutes, more marked in 24 hours, and in a week complete relief.

Dr. Wilson reported good results in gonorrheal arthritis. A case of elbow involvement was irrigated and a Bier bandage applied for three hours a day. In six days the patient was discharged with good, free motion.

Dr. Rosenheim: This treatment should be used in treatment of suppuration of nasal passages and antrum; has been used in limited cases. It is so used in Bier's clinic.

Dr. Chatard, from the medical side of the question, reported on the beneficial results when the bandage was applied above the wrist in a case of arthritis deformans of the hands. There was rapid improvement. In a half-hour the pain disappeared. The relief of the pain is especially important in arthritis deformans. The deformity was lessened and periarticular thickening rapidly disappeared. Only a little stiffness was left.

Dr. Kennard: In tuberculosis the bandage is used only one to four hours in 24 hours. The cups are used mainly in abscesses and old sinus tracts. The reported results in tuberculosis are as good as in the acute infections. The weight should be kept off the affected joint.

Dr. Bernheim: There has been some trouble with erysipelas following the use of cups (Bier's). There are cases that have not been helped. If one week sees no improvement, the cup is discarded. As to pathology, some say that the serum exudation is important; again, that the serum is anti-toxic; phagocytosis is important, or, lastly, that it is mechanical, due to edema and sloughing of the blood current, and so the toxin is slow getting into the system. The latter is probably very important. The middle course is that it is probably mechanical, that there is an antibacterial substance in the serum, and phagocytes also.

Book Reviews.

A MIND THAT FOUND ITSELF. By C. W. Beers. London: Longmans, Green & Co. 1908. Price \$1.50 net.

Was the author really insane? Could an insane man give such a consistent, fascinating account of his various steps into insanity and out from it? It seems almost incredible, yet is vouched for, by men high in authority, in the prefaces. The book is quite as interesting as a novel; full of graphic descriptions and masterly analyses.

We were under the impression that brutal treatment in asylums of repute was a thing of the days that are past. The horrible experiences of this book date from 1900, and were written up by the patient after his convalescent return from his last asylum. If they are true, they show that even with the greatest care the friends of the upper-class insane cannot at present ensure kindly treatment of the patient; if they are not true, the publishers have done a most reprehensible thing, arousing distressing apprehensions in the minds of those who have entrusted their dear ones to asylum care.

The book is remarkable, not only in its denunciations of "restraint," but in its lights thrown on the motives and feelings of certain classes of the insane.

SYPHILIS: A Treatise for Practitioners. By Edward L. Keyes, Jr., A.B., M.D., Ph.D., Clinical Professor of Genito-Urinary Surgery, New York Polyclinic Medical School; Lecturer on Surgery, Cornell University Medical School; Surgeon to St. Vincent's Hospital. With 69 illustrations in the text and 9 plates, 7 of which are colored. New York and London: D. Appleton & Co. 1908.

This is a book of 36 chapters and 577 pages. Its author is the son of Dr. Edward L. Keyes, the former associate of Dr. Van Buren of New York, and coauthor of the well-known work on genito-urinary diseases with syphilis, as well as author of an independent treatise on venereal diseases.

The subject-matter of this book is largely derived from the office records of the private practice of Drs. Van Buren, Keyes and the author, embracing in the aggregate a period of 60 years. It represents the results of observation of syphilis as it is seen in the upper and middle classes of private practice in New York city, and not in dispensary or hospital service.

The author may be regarded, therefore, as one of the school of the prophets and his book as the lineal offspring of those mentioned above.

He accepts as almost certain the etiological agency of the spirocheta pallida in the causation of syphilis, though much remains to be learned in regard to this organism.

He considers individual prophylaxis as futile. "As long as men indulge in illicit sexual intercourse, so long will syphilis exist." The condom is "a cuirass against pleasure and a cobweb against danger." Venereal disease can never be stamped out by the examination of licensed prostitutes whilst unlicensed prostitutes exist and the men are allowed to go without examination. In regard to the abortion of syphilis, he says excision of the chancre when first seen or its destruction by cauterization are equally futile, and that "the only personal prophylaxis against syphilitic infection lies in inunction with a strong mercurial ointment within one hour of inoculation." The danger of marital infection where one of the parties is syphilitic is very great, the relative "chances being 12 to 1 during the first year of the disease, 5 to 2 in the second year, 1 to 4 in the third year, and all but nothing after the fourth year." "Marriage of a syphilitic is permissible only after five years, during the last two of which he has been without symptoms and without treatment." The period of incubation between inoculation and the appearance of the chancre varies from 10 days to 6 weeks, and from the appearance of the chancre to the secondary lesions is within five months.

In the great majority of cases secondary symptoms cease to recur within three years, and recur very rarely after the tenth year. A very important statement is in regard to the abuse of tobacco. "The constant smoker cannot get an adequate prophylaxis from any treatment, however prolonged. The irritation of tobacco is a menace, varying very widely; yet it is of all the causes of late infectious secondary lesions the most important, as well as the most unnecessary. Tobacco is to late infectious secondary lesions what alcohol is to late tertiary symptoms."

The prognosis of syphilis is considered favorable provided the patient obeys orders and subjects himself to appropriate treatment. "A case of syphilis intelligently treated and properly conducted usually terminates with the cessation of treatment at the end of three years in all things except the matrimonial guarantee, which is habitually to be reserved for two years longer." The treatment of syphilis is hygienic, tonic and specific; regulation of the mode of life, change of climate, tonics and judicious continuous administration of mercury in some form for two or three years. Keyes is inclined to favor the internal use of mercury rather than injections or inunctions.

Except the early painful symptoms, the secondary lesions of syphilis call for mercury. The early painful symptoms call for iodide. Gummatous lesions may be cured by iodide alone, but are better managed by "mixed" treatment. Treatment should be begun as soon as an absolute diagnosis is made, and not until then.

The various manifestations of syphilis are treated in separate chapters, which afford concise and up-to-date information in regard to any single lesion or group of lesions, which will prove very useful to the general practitioner or student. The illustrations are good and the context pleasing.

A PRACTITIONER'S HANDBOOK OF MATERIA MEDICA AND THERAPEUTICS. By Thomas S. Blair, M.D. Philadelphia: The Medical Council. Price \$2 net.

The author has made excursions into fields of homeopathy and eclecticism, and offers to the profession a number of suggestions which he thinks of value from these more or less decadent sects. The wise physician will welcome truth from any source. Whether the comments of the author upon modern drugs from these unaccustomed points of view will be of any practical value, he must judge for himself. A pharmacist friend states that eclectic preparations seem to have gone into disuse here. Homeopathy has made little stir since Mrs. Eddy dissented from it. That we are not prejudiced is proven by the fact that some years ago we made notes of Thomsonian statements concerning a large number of drugs. Therapeutics is now so well established, and so well equipped with trained workers in laboratory and at the bedside, that it hardly needs look for guidance to erratic theorists, although they may by chance occasionally hit upon a new idea of value. As in the case of their vaunted vegetable specialties, the prospects of good results are entirely too uncertain to base careful practice on.

A. K. B.

CHRONIC CONSTIPATION. By J. A. MacMillan, B.A., M.D. Kansas City: The Burton Company. Price \$2.

This book professes to show that chronic constipation can usually be cured by local applications to the rectum. It does not seem to us that the author's grasp of the subject measures up to its varied and baffling problems. WILSHIRE EDITORIALS. By Gaylord Wilshire. New York: Wilshire Book Co. Price \$1.

BOOKS RECEIVED.

GLIMPSES OF MEDICAL EUROPE. By R. L. Thompson, M.D. Philadelphia: J. B. Lippincott Company. 1908. Price \$2 net.

PRACTICAL LIFE INSURANCE EXAMINATIONS. By Murray Elliott Ramsey, M.D. Philadelphia: J. B. Lippincott Company. 1908. Price \$1.25 net.

THE SEXUAL QUESTION. By August Forel, M.D., Ph.D., LL.D., of Switzerland. New York: Rebman Company. 1908.

ON THE WITNESS STAND. By Hugo Munsterberg. New York: The McClure Company. 1908. Price \$1.50 net.

SUBCUTANEOUS HYDROCARBON PROTHESIS. By F. Strange Kolle, M.D. New York: The Grafton Press. Price \$2.50 net.

ELECTRICAL TREATMENT. By Wilfred Harris, M.D., F.R.C.P. Chicago: W. T. Keener & Co. Price \$2.25 net.

DISEASES OF THE NERVOUS SYSTEM. By H. Campbell Thompson, M.D. (Lond.), F.R.C.P. Chicago: W. T. Keener & Co. Price \$2.75 net.

THE DEVELOPMENT OF OPHTHALMOLOGY IN AMERICA, 1800 TO 1870. By Alvin A. Hubbell, M.D., Ph.D. Chicago: W. T. Keener & Co. 1908. Price \$1.75.

MARYLAND MEDICAL JOURNAL

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THE ORATION ON MEDICINE.

THE personality and the ability of the men who follow Osler in his chair of Medicine at the Johns Hopkins Hospital must necessarily be a matter of great interest to the profession of America. The pre-eminence of Osler could not be more clearly demonstrated than by the choice of two younger men who have both become leaders of medical thought to fill his place. Dr. Barker's strong trend in the direction of the treatment of functional nervous diseases is well known to all. Dr. Thayer was supposed to be rather the detail worker of the type of the hospital interne, with a masterful knowledge of recent laboratory and clinical advances in familiar and rare diseases.

In his oration before the American Medical Association Dr. Thayer wisely left his first purpose of discussing a clinical problem of moment and demonstrated his breadth of interest in public medical matters and his ability to grasp the great issues of the new century.

His theme was that tree of healing which has, through a wiser understanding of its nature and the hidden roots through which it draws its strength (the result of better work in allied sciences, done chiefly in the laboratory), undergone a marvelous transformation, putting forth new branches, sending up new shoots and bearing for the art of medicine and surgery fruits which surpass even the brightest dreams of a few years ago.

The decay of ancient Greece through epidemic disease, the possibility of the Panama canal through modern sanitation, the re-

cently demonstrated value of medical training in the equipment of the great statesman, the mission of the practitioner as an enlightener of public opinion on sanitary topics; the duty of simplicity, truthfulness and optimism in the physician's relation to his patients; the value of health boards and other prophylactic agencies, the need of instruction to students in medical schools by the actual care and continuous observation of ordinary illnesses from beginning to end in hospital wards as contrasted with the occasional round under the eye of the professor—these themes were touched into new interest by the orator.

The trend of thought was just a little hard on the family practitioner, who must fight his clinical fight alone, with unskilled helpers, amid hostile criticism often, without the moral and practical support of hospital prestige, fellow professor or expert nurse; just a little overconfident in the sanitary initiative of the modern legislator; just a little bit tinctured with that therapeutic nihilism so popular recently among certain hospital teachers. The private practitioner is probably, after all, the best judge of the needs of his own field of work.

Taken all in all, the oration was fine. We can hardly pay it a greater tribute than to say that it measured well up toward Osler's stimulating addresses on the needs of the medical hour.

THE PHIPPS PSYCHIATRIC HOSPITAL.

THE most highly specialized, most compact and most intricate organ of the body is the brain. Its processes in health are practically unknown. If we were not so accustomed to hide our ignorance of things under learned names we would confess that the fastnesses of the brain are as unknown to science as the far away peaks and valleys of the Himalayas to the traveler who pauses baffled among their foothills. There are a few passes, well marked, through them; there are bridle paths leading miles inward along the tumbling streams, farther still a few prospectors have wandered, but beyond lies only mystery, never perhaps to be wholly known of man.

And as in the dim recesses and on the snow-clad slopes of the great mountains man becomes possessed by a strange awe, unfelt

in the lowlands, so in pursuing his studies into the penetralia of brain phenomena the scientist becomes aware of the presence of great psychic forces, more or less dissociated from the physical, indwelling among and playing upon the brain cells.

When we take up the investigation of the diseases of the brain, the difficulty increases and the mystery ever deepens. The symptoms crowd our attention, and we are continually mistaking them for the disease itself and resting from our labor while the causes from which they spring are still unknown.

A few of the insanities are fairly mapped out, as end-phenomena (mainly) of progressive nerve degenerations throughout the body, resting upon changes in the ultimate nerve cells clearly demonstrable by microscopic observation and stain methods. These unfortunately have only a mournful interest to the therapist, as they become manifest when the disease is already incurable.

It is the beginning of aberration that demands our attention. There is a period before mania, before melancholia has become established. There are border lands of insanity, the trend of whose slopes is toward the greater mind wilderness.

To the study of these allied, often preliminary, conditions all hospitals for the treatment of mind disorders of any standing give careful attention. There are already several such hospitals in Maryland, highly equipped for their work, and manned by trained psychiatrists.

The Phipps Hospital, the endowment of which (by the kind-hearted millionaire whose establishments for the scientific treatment of tuberculosis are already making a new era in the therapeutics of that cruel disease among the poor of our great cities) was described in minute detail by the daily press of June 15, is the first great institution of its sort to be established in America, being unique among us in this respect, that it is a branch of and situated side by side with a leading hospital for the study of other diseases of the human body. Thus the methods and facilities offered for the study and cure of other diseases will be applied, with necessary modifications, to incipient brain disorders by men who are more constantly in touch with clinicians of general disease than has heretofore been possible.

Several important advantages are to be expected from this new departure in psychiatry. The stigma thereby will be in some degree

removed from the submission of one's relatives to the care of an alienist. It will become the custom to bring all sorts of nervous aberrations involving psychic phenomena to the specialist in charge of this clinic, and to ask that they be admitted to his wards for study and diagnosis, so that the word "insanity," which now owes its continued use rather to legal than to medical necessities, will be allowed more and more to lose its place in connection with psychic and nervous diseases in public comments thereon. This welcome result will be promoted by the increasing percentage of cures of borderland conditions, as patients are brought more and more early in their illness to the expert's care.

Another obvious advantage will be the careful and prolonged training which graduates in medicine will receive in the incipient manifestations of mental disease. A working familiarity with these disorders cannot be obtained by brief clinical observation.

The Phipps foundations are welcomed by the authorities of the great hospitals and asylums already established. The latter will doubtless receive for more prolonged treatment many patients from the Phipps. New methods of diagnosis and treatment will doubtless be contributed by the Phipps to the general source of knowledge. The reputation of Baltimore as a center for such study will be increased, to the advantage of all like hospitals. And last, but not least, the older hospitals will be able to obtain as medical internes young graduates already familiar with and enthusiastic concerning the work which they have to undertake.

As we write announcement is made of the appointment of Dr. Adolph Meyer of New York to head the new clinic. Dr. Meyer has for the past seven years been director of the Pathological Institute of State Hospitals of New York on Ward's Island, and was formerly at the Illinois Eastern Hospital and Worcester (Mass.) Insane Hospital.

It is interesting to note that the little book, "A Mind That Found Itself," of which we give a review on another page of this issue, is said by the daily press to have aided in persuading Mr. Phipps to this great benevolence. It is stated also that his interest in the famous Thaw case was influential to this good end, as he believed that judicious treatment of the accused in youth might have saved this Pittsburg family from the distress which has come upon it.

The entry of our multimillionaires upon the arena of preventive

medicine is probably the best practical solution of the problem of the redistribution of superabundant wealth.

VACATION.

It is a poor slave that has lost the yearning for freedom. It is a sad day for civilization when the toiler does not at times let his tools drop from his hands and hate them. Who of us does not pity the bent back of the laborer that is so used to bending that it can never straighten into a man again—an "anthropos," as the old Greeks used to say; "a man with his face upward?"

The schoolboy who slams to the lid of his now empty desk with a yell of defiance, and flings a wad of paper at the ghost of his also-vacationing teacher as he passes the awful place, has a making of the true citizen some day in him.

See the joy of poor doggie as he feels the hateful muzzle straps relax! How he races off with rapturous barks, with no nervous old lady of either sex to protest; chases all sorts of prey, real and imaginary, to his heart's content, and makes believe to swallow wood, hay, stones, utterly derisive of the hydrophobia doctor!

Why does the old horse insist on rolling, on rolling over? Hear his groans and grunts of happy struggle! Is it not that for one fleeting moment he may turn things quite upside down, look at life from a new point of view, and kick at all things, seen and unseen, with all four feet at once?

There is always freedom somewhere if we would but claim it as our birthright. The deep sea knows no pathways. The breakers on its shore battle still against the giant crags; the mountains still look away through the moonlight to the infinities; down the valleys the night winds still sweep, sweet with the breath of nature.

Somewhere, Doctor, there is a country-place, like the old home, and there are fields with the old flowers, ever new, and there are woods like those you used to hunt in, and there is a stream with little fishes in it, who play games that nobody has ever been able to quite catch the meaning of, and there are rocks where you can kneel and drink Gideon-fashion, forgetful of your grizzling beard, and in the thickets nearby are blackberries worth 30 cents a box to be had for a briar or two.

The doctor who "does not take a vacation in 10 years" has a

dead soul! And the poor fellow doesn't know it! He is one of the saddest things on this terrestrial ball, a blind man who won't go out and "look at" the sunset, a slave who has forgotten his fatherland, a chained dement whose playthings are his iron links!

Catch Phipps' great idea and treat yourself before it gets so far! Rest those old professional brain cells and get onto some new ideas! Open the windows of your sympathetic old heart and let some fresh air blow through it! Or, if you are in the earlier struggle, retire awhile from the smcky firing lines and clean your guns. A distant clinic will take some of the rust off; a twa-handed week-long crack with a professional friend will brighten up things wonderfully!

This rush and ever higher tension without let-up is deadly, devilish. It is hardening society and killing the home. A vacation helps very little, perhaps, *but it does help.*

THE MAD DOG.

EVERY dog has his day, and this is one of them.

We are rapidly getting chronic kuonophobia. Our walk up the street is a veritable Balaklaval progress of danger. Dogs to the right of us, dogs to the left of us, growling and howling; yellow dogs, starving dogs, dogs crossed of bullpup and dachshund; slinking dogs, eyeing us furtively from abaft larboard, watching an infective opportunity.

The dog is an intelligent animal, and since the dawn of history has greatly improved his economic status. Anciently he roamed the city streets a pariah, justifying his existence by the devourment of offal. Today he dwells in luxurious parlors, does nothing in particular all the sunshine hours, bays the atmosphere all night if he pleases, and lives off specially provided food. If tired of regulation diet he abstracts a tenderloin from a small child of the neighborhood.

The public believe in newspaper hydrophobia, but not in dog hydrophobia. They read with horror daily columns of hydrophobic details, and refuse to destroy the homeless dogs which infest their streets. They have made laws for the tenderest possible lethal exitus of the stray cur; but the evanescent institution

which superintends this quietus answers the citizen who reports his street so infested by a request for the name and address of the said cur as a preliminary to its arrest. The police are powerless in the matter.

The wise citizen, when his own dog goes mad, shuts her up in the cellar and telephones for a veterinarian. If the cook has not meanwhile released her, he squirts cyanide of potash down the dog's throat, and she expires without a groan. Meanwhile and thereafter all the other dogs she has bitten run about at random and bite as they see fit.

We are very much pleased with the chaotic style in which we have expressed the above, for a description should suit its subject; and of all the chaotic subjects under the sun, mad-dog-ology is about the worst. Half the profession disbelieve that dog hydrophobia exists. It is described by the other half as perhaps the most horrible of all acute diseases known to man—as children we lay awake night after night possessed of its terrors—yet our City Council gravely deferred from week to week the consideration of a restrictive remedy.

Probably the wisest course is to approach the subject from behind. Put a license fee on dogs so high that only the household that really loves their dog, or that keeps her as a supplementary policeman, will pay the fee. Then fine every citizen whose licensed dog bites anybody outside the family \$100, regardless of her intentions or purpose in the biting. Then the owner will see to the muzzling himself to save expense, or will keep her at home. We have had city muzzle laws, and they are of no permanent use. Touch the citizens' pockets, and they will do the rest. Then let the city fathers pay the ubiquitous small boy a half dollar for every cast-out cur he brings into the lethal place, get a veterinarian with a syringe instead of the lady manager of the lethal chamber, and we shall recover at once from our attack of kuonophobia.

THE EPSTEIN HOSPITAL.

FROM a curative point of view the recent enthusiasm for the establishment of hospitals designed for treatment of early cases of tuberculosis is most commendable, yet it must not be forgotten that these cases are not those which spread the disease. It is the advanced case, with abundant expectoration, which is the deadliest focus of contagion. One such patient can infect more people in a week than a sanatorium, with all its expensive appliances, can cure in 10 years. These cases are the uninteresting cases. Their treatment promises no spectacular results. Their presence is more or less repulsive. Hospitals do not want them. It is a choice between Bayview (if they have not wealth) and remaining at home. The result is that a poor man or woman advanced in the disease remains at home and takes the chances of infecting others. In the crowded abodes of poor Jewish immigrants the condition of affairs in such cases is fearful to contemplate. Even if they know how, they could hardly avoid infecting those about them.

It is for just such cases that Mr. Jacob Epstein, in the largeness and unselfishness of his heart (for he does not even call the home by his own name, but rather the Jewish Home for Consumptives), has founded this admirable sanatorium. Mr. Epstein began life as a poor boy, and by industry and genius is now, at about 40 years of age, represented in commercial circles by one of the largest wholesale emporiums in our city.

At present the benefits of the home will necessarily be limited almost wholly to the relief of Hebrews, for which in the near future he will doubtless make even more liberal provisions. In associating others of his race with him in the maintenance of the institution he has done much to encourage wealthy Hebrew citizens to take interest in public benevolence.

The buildings are on the Saranac cottage plan. The central building, ready in July, is for advanced cases, and will be fitted up, not as a hospital, as so often is done, but as a comfortable home. Two lateral buildings at a little distance will follow. One cottage for incipient cases has been endowed by the Kann family. Patients will be admitted through the Phipps Dispensary of the Johns Hopkins. The resident physician, Dr. Smirnow, is a graduate in medicine of Yale, who has for a year or more been

medical director of work among consumptives. He will come in on Tuesdays and Fridays to the Phipps Dispensary to receive patients for his home.

The impressive ceremonies with which the home opened are described in the daily press and in the *Jewish Comment*, June 12, which contains lists of benevolent contributors. Preference will be given to free patients, though pay patients may obtain rooms that may be unoccupied. The home is situated on very high ground near Reisterstown, 20 miles from Baltimore, with a large farm about it.

DR. PRESTON.

DR. GEORGE J. PRESTON died on the evening of June 17 at his residence, North Charles street, Baltimore, in the fiftieth year of his age. He was born in Lexington of a family noted throughout Virginia for its culture and talents. His mother, Margaret Preston, was recognized as a poetess of rare merit. Dr. Preston's character and work were in keeping with his high birth. Graduating at the University of Virginia, and again at the University of Pennsylvania, in medicine, Dr. Preston decided to make his home in Baltimore. He was much about the Faculty library in those less-occupied days, and soon became known to those who resorted thither as a gentle, courteous man, fond of medical literature and intensely interested in the study and practice of his profession.

As years went by he became one of the mainstays of the library and for many years was an authority in all matters concerning it.

Becoming more and more devoted to the specialty of nervous diseases, he went to Paris to study under the great Charcot, and later attended the clinics of Leipzig for the like purpose. He returned to Baltimore full of enthusiasm for his specialty and became at once a leading consultant in it. It was unfortunate, perhaps, that he had given so much attention to hypnotism, for hypnotism has never succeeded in America as it has in Europe, and Dr. Preston gradually became convinced that it had no secure place as a therapeutic agent. Being pre-eminently honest, he would not claim for it more than he believed it to be worth.

It is a question whether Dr. Preston will be better remembered for his college or for his public labors. To his professorship in the College of Physicians and Surgeons he gave faith-

ful devotion, holding the respectful attention of large classes of students.

His public services were twofold. He was often in demand at the courts of justice, not only of Maryland, but of distant States, as an expert witness and referee in trials where the sanity of the defendant was questioned, and his testimony often decided the case.

His greatest service of all, doubtless, to State and community was his unceasing advocacy, as secretary of the State Lunacy Commission, of the rights of the insane to proper housing and medical care. For this end he advocated, in season and out of season, the removal of the insane from the—often disgraceful—isolated county almshouses and their assembling into great State hospitals and infirmaries. It is a matter of regret that he did not live to see the full accomplishment of this great reform. This championship stirred him to the depths of his nature and was a true index of his character, ever loyal to highest duty, ever pitiful of those who had no helper.

Other details of Dr. Preston's life and work are given at length in the daily press. It is our purpose in this obituary simply to record the appreciation which his professional brothers feel of his medical talent and personal worth.

Editorial Comment.

THE EDITORS' MEETING.

The Lancet-Clinic.

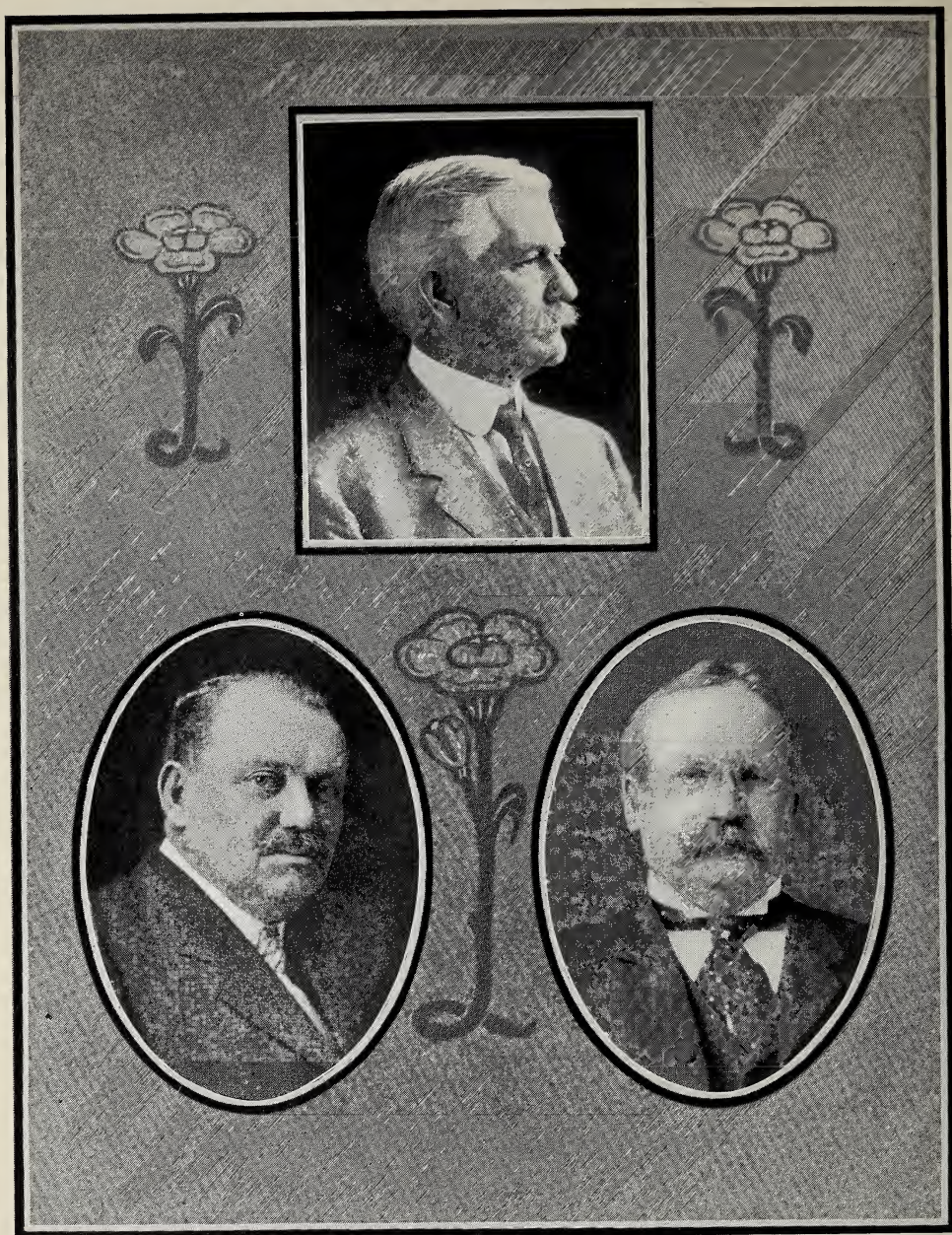
THE thirty-ninth annual meeting of the American Medical Editors' Association was an unqualified success. The average reader of medical journals scarcely realizes the importance of these meetings, though possibly he observes added force and vigor in the conduct of his favorite journal afterwards. Everyone contributed to the success of the gathering, though the president, Dr. C. F. Taylor of the *Medical World*, ought to be given credit for the large attendance and the comprehensive program. He was ably assisted by the secretary, Dr. Joseph MacDonald, Jr., of the *American Journal of Surgery*.

Every phase of medical journalism was discussed. The consensus of opinion seemed to be that vigor and brilliance are just as much appreciated today as formerly. The statement that few editorials were read was shown to be an error. The individuality of a medical jour-

nal was a distinct entity and as great an asset in its success as the advertising pages. From the business standpoint some suggestions were made relative to the duty of the editor to the reader and to the advertiser. The elimination of every advertisement in the least suggestive of fraudulency was emphasized. While the sanctimonious attitude of some organization journals in this regard was deprecated, it was felt that every self-respecting publisher should have clean advertising pages, omitting everything he felt was dubious, but not refusing anything simply because a self-constituted tribunal had put upon it its seal of disapproval. The reading notice had no place in the text, but could occasionally be inserted in the publisher's department. As for book reviews, the opinion seemed to be that they were a necessary part of a journal's contents, but only from the reader's standpoint. Publishers were too prone to expect a circumstantial description of a book sent for review, which they then intended to employ as an advertisement. In consideration of what they exact, publishers give less in return than anyone who uses the columns of the medical press for advertising their products. Readers should be informed what new books are on the market, with a brief review of the contents, always remembering that it is for the information of the reader, and not to advertise the publisher. Hence the review should ever be unbiased, and if the publisher resents this he may seek some other method of bringing his wares before the physician's notice.

The sources of inspiration for editorials, the function of medical journals, their attitude toward sectarianism, some much-neglected though extremely important matters which the medical press could dwell upon, were other things receiving attention. The discussions which the papers elicited were not the least instructive part of the meeting. Rarely was such food for thought presented in such a pleasant manner. Without exception every paper discussed was supplemented and amplified, and at times the eloquence rose to an inspiring height. It seemed that every idea presented was an inspiration to express a higher one, and although such a desire as to outshine each other was absolutely foreign to the assembly, it seemed natural that in this meeting of writers and thinkers each capped the other's climax. It was a privilege to be present, and it is believed the medical journals represented will be the better for it, and through them the readers will be markedly benefited.





REPRESENTATIVES OF THE NEWER PUBLIC MEDICINE
(See Editorial)

COL. WILLIAM C. GORGAS, U. S. A.
President-elect American Medical Association

DR. CHARLES A. L. REED
Recommended for U. S. Senate from Ohio

DR. WALTER WYMAN, U. S. N.
Surgeon-General U. S. P. H. and M. H. S.

The above portrait of Col. Gorgas is from the first picture made after his election to the presidency of the Association; photograph by Harris & Ewing, Washington. The picture of Dr. Reed is by Benjamin, Cincinnati; that of Dr. Wyman by Clinedinst, Washington.

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EPITHELIAL TUMORS OF THE SKIN AND EXPOSED MUCOUS MEMBRANES.

By *Alexius McGlannan, M.D.*,

Baltimore, Md.

(Continued from Last Month.)

BENIGN EPITHELIAL TUMORS.

Epithelioma Multicellulare (benign papillary wart).—These tumors are most common on the exposed skin of the extremities, and occur more often in young than in old persons. They are usually multiple, and some varieties seem to be auto-inoculable. Many of them require no treatment. The multiple ones in young individuals often disappear spontaneously. Single tumors, especially in individuals over 30, should be excised on account of the probability of malignant change. The benign papillary wart is very rare in regions where malignant epithelioma is common. For example, Bloodgood found but one benign papillary wart in 116 cases of tumor of the lip. All tumors occurring in these regions should, therefore, be excised early.

The benign papillary wart consists of minute lobules covered by epidermis, which is whiter and rougher than the surrounding skin. There is no discharge from the surface. Occasionally the epidermis of the tumors may be scraped off by traumatism, or they may be infected, but as a rule ulceration or discharge means malignant change, particularly if associated with induration at the base of the tumor.

Epithelioma Spinocellulare (horny wart).—The ordinary corn or callosity is a common example of this variety of tumor. The mass is made up of squamous epithelium, many cells of which have

gone on to hornification. This variety does not require treatment except for relief of pressure symptoms.

When subjected to frequent irritation by X-ray, lead, etc., after the prolonged administration of arsenic, and in old age without apparent cause, there develops in the skin small brownish elevated patches of keatosis, sometimes known clinically as verucca senilis. These masses are tumors of squamous cell epithelium, epithelioma spinocellulare. They are elevated a little above the surrounding skin, the center of the patch is rougher, there is usually a little secretion which dries on the surface, and there may be ulceration, especially if caustic has been applied. The tumors should be excised under cocaine, if they are growing or have ulcerated, because of possible malignancy.

Epithelioma Basocellulare (smooth wart).—These are small elevated masses covered by thinned epidermis that is usually slightly pigmented, brown or brownish red. The tumors are more common late in life. Their origin is either unicentric or multicentric from downgrowths from the basal cells of the papillae. Later these downgrowths may be separated from their source of origin and form isolated masses of basal cells in various forms, chiefly solid or adenoid alveoli, and then remain quiescent for a number of years. As long as the tumor is quiescent no treatment is needed. Ulceration of the thin epidermal covering is an early symptom of growth, and its occurrence is the indication for treatment. Excision is best, but as malignant basal cell tumors are relatively benign, the excision need not be wide or deep. When the excision would cause great mutilation it is justifiable to treat this form by X-ray. Diagnosis is, therefore, extremely important, and will be considered with the malignant tumors.

Benign glandular tumors of the skin and mucous membrane are the adenomata of sweat and sebaceous glands of the skin and of the mucous glands. Their most striking characteristic is a tendency to degeneration of the central masses of epithelium with cyst formation. The *sebaceous cysts* of the skin and mucous cysts are common examples. Excision, with complete removal of the cyst wall, is necessary for permanent cure. Mucous cysts are relieved by aspiration or puncture, but may recur. The Meyboian cyst of the eyelid is usually cured by puncture. The glandular tumors of the skin are frequently infected by pyogenic bacteria, especially the skin cocci, and then require incision and drainage, with complete removal of the contents of the cyst.

Dermoid cysts are definite cell inclusions which may occur anywhere. When subcutaneous they may be confused with glandular tumors of the skin. Differential diagnosis is difficult except by exploratory incision. The fixed position of the glandular tumor of the skin in relation to the overlying epidermis is a point in distinguishing these tumors from the dermoids.

MALIGNANT EPIDERMAL TUMORS.

When the cells of the malignant tumor retain an arrangement simulating that of the epidermis the tumor is called an epithelioma malignum, and, according as the predominant cell is squamous, basal or cuboidal, we further distinguish—epithelioma spinocellulare malignum, epithelioma basocellulare and epithelioma cubocellulare malignum. When the cells of the malignant tumor are grouped into alveoli without any attempt at normal arrangement the tumor is a carcinoma—spinocellulare, basocellulare or cubocellulare, according to the type of the dominant cells. We have already considered the practical importance of this classification, and will now take up the clinical characteristics of each group. All these tumors are characterized by early ulceration, and in most cases come to us as an ulcer or a fungus.

Malignant Spinous Cell Tumors.—The epithelioma spinocellulare malignum may be either a papillomatous tumor or hornified.

The malignant papilloma usually occurs on mucous membranes and at muco-cutaneous borders. This tumor most often develops from benign papilloma, chiefly of the penis, or on the lower lip and tongue. The surface is friable, bleeds easily, and when ulcerated shows distinctly white pin-point areas of epithelial cells dotting the red granulation tissue. The base is indurated, but the area of infiltration is shallow and extends slowly. There may be cystic degeneration in the interior of the tumor. Metastasis takes place late. The treatment of these tumors is, therefore, conservative; amputation of extremities is not necessary, and glandular excision is not required unless the disease has been of long duration.

The hornified variety occurs at muco-cutaneous borders, on mucous membranes and the uncovered portions of the skin. This variety of tumor is rare on the face above the mouth. The indurated tumors soon ulcerate and leave a hornified surface, covered by a scab. When the scab is washed off, avoiding hemorrhage, the diagnosis is made by inspection of the surface of the ulcer. The pin-point pearly-white areas of epithelial cells stud the surface, showing out clearly against the fine red granulations. This is the characteristic naked-eye appearance of a malignant ulcer, and is the most important point in its recognition. The induration of the hornified variety is also shallow, and the same extent of treatment recommended for the papillomatous tumor is advised here. As both varieties may become carcinoma, excision should be urged as soon as the tumor comes under observation, to avoid later mutilation. For example, a malignant papilloma of the prepuce may be cured by circumcision or very little mutilation of the penis, while cancer requires amputation and excision of the glands of the groin.

Carcinoma spinocellulare is the most malignant of all varieties

of the tumors under discussion. The tumor may develop in a benign or malignant epithelioma spinocellulare, or may arise as a primary growth. The commonest locations of these tumors are the lower lip, the tongue, the prepuce, the skin of the hand and in the ulcer or scar of old wounds, especially those from burns. The tumors appear clinically as ulcers or fungi. The base is indurated and the infiltration extends deeply into the supporting tissue and widely around the border. The ulcer has a papillary surface, the white epithelial alveoli are distinctly seen, and the surface of an exploratory incision into the tumor reveals the more or less papillary arrangement of the epithelial masses. When developed in chronic ulcer it will be noted that the surface of the ulcer, previously smooth and depressed, becomes papillary, elevated above the surrounding skin and then extends into the healthy skin.

On the tongue the ulcer is often confused with that of syphilis and tuberculosis. The difficulties of diagnosis are great, but the vast majority of ulcers of the tongue are carcinomatous, and should be so considered unless the symptoms distinctly point to one of the other causes. Simple excision will cure the inflammatory varieties and will allow microscopic diagnosis of the cancer if this is necessary. Usually the diagnosis can be made from the naked-eye appearance of the excised mass when examined out of the body, and the operation can be at once concluded by removal of the glands of the neck.

The frequent development of cancer of the tongue in syphilitics has long been known. (*Prog. Med.*, 1904, page 172). Recently Porier (*Semaine Med.*, 1906) and Etcheverry have called attention to this fact in a study of 60 cases of cancer of the tongue. Thirteen of the tumors developed on an area of leucoplakia, or local syphilitic lesion. Fifty-five of the patients had a definite history of syphilis, and a majority were smokers. In all the cases there was a history of proceeding leucoplakia or glossitis. Porier recommends excision and examination of any ulcer of the tongue or area of induration not explained by mechanical injury, as by a jagged tooth.

The operative technique for the treatment of these tumors varies with different surgeons. Kocher removes the glands of the neck, floor of the mouth and the area of tongue at one operation. This operation, the complete removal of tumor, metastases, and the route of lymphatic channels in one block of tissue is based on the pathology of cancer, and gives the best outlook for permanent cure.

Butlin (*Brit. Med. Jour.*, 1898) first recommended removal of neck glands in cancer of the tongue and called attention to the fact that recurrence after operation was rare in the tongue, but took place in the glands of the neck, especially the sub-maxillary lymphatic gland, for the removal of which the sub-maxillary salivary gland must also be excised. This has been the routine

treatment in Dr. Halsted's clinic since its opening, about 15 years ago. Butlin limited the extent of the tongue tissue removed and usually took out the glands at a second operation a month later. Whitehead removes the tongue through the mouth (*Practitioner*, May, 1903). Crile's method of clamping the carotid and taking the jugular in removal of the glands of the neck is a material aid in the operation.

For the late and seemingly inoperable cancer of the tongue Kuster (*Bergman Festschrift*, 1906) has recourse to preliminary X-ray treatment, with ligation of the external carotid artery, and then during the resultant period of temporary recession of the tumor performs the complete operation. As some seemingly hopeless patients have been cured by operation, this maneuver is a valuable aid, bringing the involved area within the limit of operative technique.

The lower lip is the commonest location for epidermal tumors that come to operation. A little less than 25 per cent. of the 468 cases of epithelial tumors of skin and mucous membrane studied by Dr. Bloodgood in his pamphlet on the subject were situated on the lower lip. The greater number of these were malignant. A tumor of the lower lip, especially if it is ulcerated, should, therefore, be examined carefully, with a strong suspicion that it is cancer. Basal cell tumors are very rare on the lower lip—four in 106 cases in the series mentioned, and in these cases the tumor was definitely in the skin, and not at the muco-cutaneous border. Roundtree in 211 cases of cancer of the lip found only six on the upper lip. The common epithelial tumor of the lower lip is a malignant spinous cell tumor. Its treatment requires wide and deep excision, with removal of the glands of the neck, unless the tumor is excised very early in its course. Centrally-placed tumors demand removal of the glands on both sides of the neck, while unilateral excision is sufficient when the tumor is situated on one side of the lip. Much that has been said about the operation for cancer of the tongue applies here. There is the same necessity for taking the sub-maxillary salivary gland in order to get the lymph gland situated behind it. Serafino's (*Jour. Amer. Med. Assoc.*, 1906 abstract) statistics of recurrences after operation for cancer of the lip show 17 per cent. in this gland. Surgeons differ as to the necessity for removal of glands of the neck at the primary operation. A number of competent operators prefer to wait for a month. Our method is to do the complete operation at once unless the patient's general condition absolutely prohibits it. Theoretically the neck glands should be removed first here and in the tongue cases. By doing this it is easier to keep the neck wound clean.

Cheatle (*Practitioner*, July and December, 1906, and other publications) has made a study of extensive carcinomata of the

lip, and gives the details of operative technique for the cure of these tumors, as well as the result of his investigation on the route of extension of the primary tumor. He shows that the area of spread of the tumor is related to the area included in the origin of the muscles of the lip and chin. Their attachment is by fibers that run among the hair follicles and sweat glands and almost touch the squamous epithelium of the skin, so that the cancer cells easily permeate the lymphatics of the muscle. Cheattle condemns the V-incision because it cuts these lymphatics. His incision takes the form of diverging lines from the muco-cutaneous border to the chin, and includes the tumor and all the tissues of the chin down to the bone, taking away this also if it is infiltrated. The lower angles are united by lines which meet at the hyoid bone or apex of carotid triangle. The glands of the neck are removed through this incision in one block, together with the tissues of the lip. Cheattle further recommends Wertheim's preliminary complete cauterization before excision, and cautions careful handling of the mass during operation to prevent sowing cancer cells in the wound. The extensive wound is closed by flaps from the jaw. Cheattle stands on firm ground pathologically when he "insists strongly and often that success in cancer operation depends on the skill of the first operator, and that success does not depend on cosmetic effect."

Malignant basal cell tumors make about 20 per cent. of the epidermal tumors that come to operation. Their position is most often on the skin of the face above the line of the mouth. Clinically the tumor is of slow growth, and the age of onset is generally over 50. The lesion is usually single, begins as a small nodule in the skin, covered by thin epidermis. This covering repeatedly ulcerates and a scab forms and reforms. The surrounding skin is more or less indurated. When the disease is extensive the lesions may be multiple or the area of superficial ulceration may be very large—the rodent ulcer. The ulcer may be fungus, elevated from $\frac{1}{2}$ to 3 cm. above the skin. The infiltration is shallow and spreads downward very slowly. Extensive ulcers of long duration—10 to 15 years—are seldom inoperable because of deep infiltration. Metastases are practically unknown.

The diagnosis of these tumors is made from the clinical history, the position of the lesion and the appearance of the ulcer. After removing the scab the surface of the ulcer shows small pink, almost smooth, granulations. The color is paler than that of healthy granulation tissue of a simple ulcer, and not purple like that of edematous granulation tissue of chronic ulcer from impeded circulation. The pale color is due to the dilution of the red, healthy granulations by the white alveoli of basal cells. These masses are

too small to be seen with the naked eye, but their presence is shown by this weakened color of the surface of the ulcer.

The basal cell alveoli may be solid downgrowths from the epidermis (epithelioma basocellulare solidum), or the cells may be arranged somewhat around a lumen (epithelioma basocellulare adenoides); often both types are combined. In the rodent ulcer the epithelial cells form large stellate alveoli, which infiltrate the stroma of granulation tissue, the picture resembling that of scirrhus carcinoma (carcinoma basocellulare stellatum) (Bloodgood, *Prog. Med.*, 1904, page 151). The large fungus tumors contain tubular alveoli of great size, the center of which is often filled with colloid or hyaline degenerated epithelium, going on to definite cyst formation (carcinoma basocellulare cysticum and tubuliferum).

We have already mentioned the importance of recognizing this tumor clinically. The area of infiltration is usually shallow without regard to the extent of superficial involvement or duration of the growth. Conservative operation is, therefore, allowable, as metastases do not occur. Neither is it necessary to remove the glands. This is the variety of tumor in which X-ray treatment is justifiable, and should be tried in cases of basal cell tumor in situations such as the eyelid, where excision means great mutilation. The only permanent cures by X-ray have been in tumors of this variety. The same is true of Finsen light. Jacobsthal (*Archives fur klin. chirurgie*, 84) records the spontaneous healing of a tumor proved basal-cell carcinoma by histological examination of a removed section. Such an outcome is extremely uncommon, but shows how slightly malignant these tumors may be.

A word about the use of caustics. Among the laity and some of the profession there is a great tendency to use caustics for the cure of all kinds of tumors, especially those of the skin. This practice cannot be too strongly condemned. During the last year I have observed two patients, both of whom were compelled to lose an eye because of the extension of a basal cell tumor into the orbit. Both tumors began as rodent ulcers on the skin of the nose near the eyelid; both were treated several months with caustic until the ulcer had invaded the orbit and made the loss of the eye necessary for removal of the tumor. Another patient, whose tumor, a spinous cell variety, was treated in a similar manner, not only sacrificed his eye, but lost his life a year later from cerebral metastases, in spite of the most extensive operative interference.

R. H. Johnston (*Laryngoscope*, 1906) reports a carcinoma spinocellulare of the orbit and of the antrum of Highmore, which ran a rapidly fatal course. Johnston reviews the subject of orbital cancers and calls attention to the difficulty of making a diagnosis in tumor of the antrum. Clinically the symptoms are those of suppuration. He gives sound advice regarding careful examina-

tion of tissue removed from the nose and antrum. As a rule these tumors come to us in an inoperable stage.

Malignant cuboid cell tumors are very rare. Clinically they resemble somewhat the basal cell carcinoma, occurring either as fungus or rodent ulcer. The induration, however, is deeper, and exploratory incision into the tumor reveals large epithelial alveoli like those of epithelioma spinocellulare, and from which fine granular material may be expressed. These tumors require practically the same treatment as the spinous cell variety, deep and wide excision and removal of lymphatics.

GLANDULAR TUMORS OF THE SKIN.

The benign adenomata of the skin arise from the epithelium of the sweat and sebaceous glands and the hair follicles. The central epithelium of the mass rapidly becomes degenerated and the tumors are usually cystic. Clinically they appear as smooth tense masses just beneath the epidermis, to which they are adherent at some point. They are frequently infected by the pyogenic cocci of the skin, and form abscesses containing granular cheesy pus. When the tumors are malignant, adeno-carcinoma or carcinoma, there is a history of rapid growth and ulceration, which is usually only superficial. The tumor is definitely situated below the epidermis, but the infiltration is not sufficient to fix it to the underlying muscle. Taken early, excision of the tumor with a zone of healthy skin and fat is sufficient. Metastases occur late and usually after the tumor has grown large and infiltrated deeply. In this condition an extensive operation is required.

CONCLUSIONS.

Little has been added to our knowledge of the etiology of tumors. The recent work has indicated some specific stimulant of cellular proliferation. The nature of this material is as yet unknown.

Cancers of the skin vary widely in their relative malignancy, according to the character of the predominant cell. The different types may be diagnosed clinically or at exploratory incision.

The X-ray, Finsen light, etc., are of value only in basal cell tumors, and their use here is to be carefully guarded, and is only justifiable when excision would cause great mutilation.

Cancer of the skin, as elsewhere, is primarily a local condition. Treated in this stage, the disease is always curable by surgical operation. The extent of the operation depends on the variety of the tumor and on its duration.

Surgery, therefore, is the only method of treatment at our disposal. Specific sera, inoculations, caustics, etc., have all failed, and, by postponing operative measures, make the necessary intervention more extensive, at the same time reducing the chances for complete cure.

THE FREUND-WERTHEIM OPERATION FOR COMPLETE PROLAPSE OF THE UTERUS.

By J. M. Hundley, M.D.,

Clinical Professor of Diseases of Women, University of Maryland; Gynecologist to the
Hebrew Hospital and the Hospital of the Women of Maryland.

READ BEFORE THE UNIVERSITY OF MARYLAND MEDICAL SOCIETY, APRIL 21, 1908

BEFORE giving a description of the above operation and my experience with the operation I wish to call your attention to the important points in the mechanism of complete prolapse of the uterus, and also briefly refer to some of the older operations. In doing this, I think, I can best emphasize the good points in the Freund-Wertheim operation, which I have been doing since October, 1906.

I shall also take the liberty of quoting from an article in the November, 1906, *Journal of the American Medical Association*, by Dr. E. C. Dudley of Chicago, on "A New Operation for Complete Descent without Removal of the Uterus." Dr. Dudley has done as much, if not more, to perfect gynecologic plastic surgery than any other surgeon in America. He has striven for years to get better results in this class of work, and what he may have to say should command the thoughtful attention of others working in the same field.

Mechanism of Complete Prolapse of the Uterus.—Complete prolapse of the uterus is a hernia. I wish to emphasize this fact that we may get a better idea of the difficulties to be overcome. The hernia is composed of the uterus, bladder, rectum, vagina and some small intestines. It is covered externally by the vaginal mucous membrane, internally by a prolongation of the peritoneum. Now, it must be remembered that, normally the uterus is placed at right angles to the upper end of the vagina, that the cervix points downward and backward to the hollow of the sacrum, and the fundus forward in ante flexion. The utero-sacral ligaments draw the cervix backward to the hollow of the sacrum, and the round ligaments draw the fundus forward. The vagina normally lies obliquely in the pelvis and ends under the public arch in the axis of the vaginal outlet. So long as these two axes are maintained the uterus retains its normal position and elevation in the pelvis. Now, when the pelvic floor becomes relaxed through overstretching and tearing, and added to this subinvolution of the genital tract, as often happens after labor, the lower end of the vagina drops away from the public arch and becomes vertical. If the heavy subinvoltuted uterus becomes retroverted under these conditions the two axes

become co-incident, that is, the uterus lies in the axis of the vagina instead of at right angles to it.

When subinvolution of the uterus and vagina occur the uterine ligaments remain relaxed and elongated, and offer no resistance to retroversion and descent of the uterus. So long as the uterus remains anteфлекed or anteverted, whichever you please, it is immaterial, the intra-abdominal pressure falling on the posterior wall of the uterus forces it more and more into anteфлекion, and in doing this is one of the most important factors in maintaining the uterus in its normal position. As it is a factor in keeping the uterus in its normal position, so it is a powerful factor in driving the uterus out of the pelvis, producing cystocele, rectocele and finally complete prolapse whenever the uterus becomes retroverted, and is associated with a relaxed posterior vaginal wall or pelvic floor.

Every attempt at straining, as on defecation, lifting and coughing, brings the intra-abdominal pressure into play. In labor the fascia which gives strength to the pelvic floor, the various fibres interlacing and encircling the rectum and vagina, and binding the lavator ani muscle together, is frequently torn from the pubic attachment. This loss of support from tearing of the fascia just described is the most serious obstacle to be dealt with in the attempt to cure the procidentia. As Dudley says, "It is clearly most important to appreciate the fact that, since, in nearly every case of procidentia the lower extremity of the vagina is displaced backward, with associated subinvolution of the pelvic floor, and especially subinvolution or rupture of the perineum or of some other portion of the vaginal outlet, therefore, the posterior wall of the vaginal outlet and the perineum must be brought forward to their normal location under the pubes, so as to give support to the anterior vaginal wall; otherwise, whatever the operation on the vaginal walls and broad ligaments the vagina will fall again, will drag the uterus after it, and the hernial protrusion (cystocele, rectocele and prolapse) will be reproduced.

The Older Operations.—I have had a large experience with the older operations for the cure of procidentia. For more than 14 years I was assistant to Dr. Wm. T. Howard, who held the chair of Diseases of Women in this school for 30 years. Dr. Howard was an intimate friend of Sims and Emmet, who were pioneers in gynecological plastic surgery. He often told me of their kindness to him and their readiness to teach him whatever they knew. To these men the profession should ever be grateful, for by their work they made it possible for us to do better work. They blazed the path for us to follow in, without which we would today be where they began. In the older operations for procidentia the position of the uterus was not taken into account. The main idea was to perform some kind of plastic operation, that is, a superficial denudation on the posterior and anterior vaginal wall was done, mak-

ing the denudation elliptic or circular as struck the fancy of the operator. The area denuded was extensive enough to take up the slack after the application of sutures. When the area was circular and done on the anterior vaginal wall, a purse-string suture was applied. That is known as the Stoltz operation. It should never be done, as it shortens the vagina and pulls the cervix forward. The object of the above operation was to so constrict the vagina as to offer a barrier to further descent of the uterus. The perineum was repaired at the same time. It seems superfluous to say that the results following this method of operating were anything but satisfactory. However tight the constriction the uterus eventually made its appearance at the vulva, and finally into complete prolapse. At a somewhat later time amputation of the cervix uteri was added with the idea that it was the cervix which acted as the entering wedge, defeating the success of the operation by boring itself through the constricted vagina. Amputation of the cervix was an advance, but the results were still unsatisfactory. Later suspensio-uteri was added to the plastic work and amputation of the cervix. This was a distinct advance, but the fact that procidentia was hernia and should be treated as any other hernia was not fully appreciated even at this time. Who today would expect to cure an inguinal hernia by simply excising the redundant skin, and then suturing it snugly over the hernial sac?

It is an analgous condition, except that procidentia is more complex. Whatever the operation for procidentia failure is inevitable unless the uterus is placed at right angles to the upper end of the vagina and at its normal elevation in the pelvis, that is, about where the utero-sacral ligaments would hold it were they of their normal length and tonicity. An efficient operation must be done also on the posterior vaginal wall. The operation on the posterior vaginal wall has for its object the lifting of the lower extremity of the vagina, perineum and rectum up under the the pubic arch. To do this the levator ani muscle, which is usually widely separated, is sought for, and when found brought together in the median line by buried, 20-day chromicized catgut sutures. It usually takes three to four sutures. No mass sutures are used in any of the work, the different planes being sutured separately. Buried catgut sutures, either plain or chromicized, give no trouble whatever in this region. Since the older operative methods have proved so unsatisfactory, some surgeons have resorted to vaginal hysterectomy for the cure of complete descent of the uterus. Unless, as Dudley has advised, the severed ends of the broad ligaments are united from side to side and in that way made to hold up the pelvic floor, prolapse of the vagina, bladder and rectum will certainly continue to exist after removal of the uterus. The uterus is not the cause of the hernia, and its removal will not bring about a cure.

The new operation of Dudley referred to above is best given in

his own words. He says: "Following the suggestion of Emmet-Sims, Reynolds and others who have striven to draw structures in the neighborhood of the lower margins of the ligaments in front of the cervix for the purpose of forcing it back, I found myself stripping the structures more and more from the sides of the uterus and drawing them in front of it, but not until I actually severed a considerable portion of each ligament from the sides of the uterus did I secure the best results. In addition to approximation of ligaments, it must be borne in mind that other supporting structures also are brought together in front of the cervix uteri, notably the adjacent parametric structures, and if the operation is sufficiently extensive, the round ligaments.

In extreme cases it would be well to separate the bladder entirely from the cervix uteri, as would be done in vaginal section, so as to expose the round ligaments. Such adjustment of the broad and round ligaments, together with the adjacent parametria in front of the cervix, necessarily would give great strength to the pelvic floor. Dudley says he would not hesitate to do this operation on child-bearing women. Time is needed to decide that point. The operation is a new one, and only a small number have been done up to this time. I might say in this connection that, since the occurrence of a number of cases of dystocia following suspensio-uteri for retroversion and prolapse, the operation is rarely done now. At one time it was more extensively performed than any other gynecologic operation, but it did not stand the test of time and use.

"The Freund-Wertheim Operation."—When in Vienna in the summer of 1906 I had the good fortune to see the work of Professor Wertheim of the Betina Hospital of that city. It was there that I saw this operation, which I will briefly describe, giving the points which appealed to me and decided me to perform the operation at the first opportunity. I did my first operation in October, 1906. It was a case of complete prolapse, and had existed for 11 years. It was an extreme case. Prior to operation a piece of the cervix was removed for microscopical examination, which proved negative for cancer. In every case of erosion of the cervix a section of the diseased area should be removed for microscopical examination prior to operation. There should be no exception to this rule. The first step in the operation is to make a straight incision on the anterior vaginal wall, beginning at about the vesical end of the urethra and ending at the cervix uteri. The incision extends through the entire thickness of the vaginal wall down to the bladder. The next incision is circular, and extends around the cervix, severing the attachment of the vagina to the cervix. The edges of the incised vaginal wall are now caught with forceps and held firmly in the left hand, while with the right the bladder is stripped away from the vagina as far up as the pubic attachment,

and also from the cervix up to the utero-vesical peritoneum. The peritoneum is now opened, and the retroverted uterus is delivered through the opening, and the bladder is made to lie on top of and behind the uterus. In doing this the uterus is placed at right angles to the vagina; and blocks up the cystocele. The bladder can in no way prolapse again and drag with it the uterus. The cervix uteri is next amputated, and as much of the redundant vaginal wall is removed as is needed. A vulsellum forceps is inserted into the fundus of the uterus for the purpose of keeping the uterus at the proper level while the sutures are being placed. The uterus is now fixed in its new position by buried sutures of chromicized catgut. The sutures first pass through the parametrium of one side; then through the anterior wall of the uterus, and finally through the parametrium of the opposite side when they are tied. These sutures should be interrupted, and not continuous. Five to six sutures are required for this part of the work. The round ligaments are not utilized in this operation. The fascia, called the parametrium in this locality, is the structure to be relied on to keep the uterus in anteflexion and at right angles to the vagina. The uterus is easily maintained in anteflexion as long as the intra-abdominal pressure falls on the posterior wall of the uterus. The vaginal mucous membrane is now closed, and the amputated cervix covered over with mucous membrane. Lastly, the operation on the posterior vaginal wall is done as previously described.

Wertheim does not amputate the cervix in every case. I have amputated the cervix in my cases because, I think, I can take up the relaxed parametrium in that region more effectually by doing so, and when the amputation is high up about the internal os, the utero-sacral ligaments can be shortened at the same time.

I gave a brief description of the Dudley operation because, it is, in my judgement, the best American operation known to me. It is along the proper lines, and if it can be safely done on child-bearing women it is an operation that has come to stay.

As it appears to me, there is one weak point in the operation. He says: "In extreme cases it would be well to separate the bladder entirely from the cervix uteri, as would be done in vaginal section, so as to expose the round ligaments." Now, I believe that the bladder should be separated from the cervix uteri in every case of procidentia. I do not believe a procidentia can be cured in any other way. Nor do I believe a cystocele, uncomplicated by procidentia, can be cured except by freeing the bladder from the uterus. It can be seen from the brief description given of the Dudley and Freund-Wertheim operations that they both appreciate the fact that procidentia is hernia, and, in appreciating that, have striven to utilize the strongest structures obtainable. It is easily now apparent that there is a great difference between these new operations and the older methods. I have performed, up to this time, 10 Freund-Wertheim operations. One case, and an extreme case it was, I examined the past week, and found the result perfect.

I operated on that case one year ago at the Hebrew Hospital. The other nine cases I have heard from, and so far they are satisfactory. The time is too short since operation in my cases to speak with certainty as to the final results. This operation should only be done on women past the child-bearing period, but, as 75 per cent, of all cases of procidentia occur in women past 40 years of age, the operation has a wide field of usefulness. Some surgeons resort to vaginal hysterectomy in the extreme cases of procidentia, irrespective of whether the woman is in the child-bearing period or not. If this is justifiable, the Freund-Wertheim operation can be done in every case of procidentia. In the discussion on Dr. Dudley's paper, Dr. F. J. Taussig of St. Louis, referring to the Freund-Wertheim operation, said "That of 148 cases reported up to June, 1906, there was a return of the prolapse in five. This certainly speaks well for the operation. He believes it should receive more consideration at the hands of the American surgeons." Thus far I have certainly gotten better results from this operation than from any other I have ever employed.

Summary.—In the Freund-Wertheim operation the bladder is placed on top of and behind the uterus. It cannot in this position prolapse again. Liberation of the bladder from the uterus and its elevation to a higher point is essential in any operation for the cure of procidentia. The uterus is placed at right angles to the vagina and at its normal elevation in the pelvis, and is fixed in this position by being sutured to the fascia. In that way the upper extremity of the vagina and uterus are made to assume their normal axis in the pelvis. In amputating the cervix uteri the adjacent parametrium is shortened, which pulls the cervix backward to the hollow of the sacrum. Lastly, and of the greatest importance, is the operation on the posterior vaginal wall. I have refrained from using the term perineorrhaphy in this paper because it fails to convey the proper idea of the operation that should be done to prove efficient. I cannot too strongly emphasize the following points: The separated levator ani muscle must be brought together in the middle line and the different planes of tissue sutured separately. Good results cannot be obtained by bringing the denuded surfaces together without regard to this point. If a proper operation is done on the posterior vaginal wall, the perineum, anus, rectum and vagina are tucked up under the pubic arch, once more establishing the axis of the vaginal outlet. Now, after all this has been done, we have the two axes—the axes of the pelvic inlet and that of the outlet—restored.

The intra-abdominal pressure now subserves a beneficial influence in maintaining the uterus in normal anteflexion. Buried catgut sutures in this region give no trouble.

The Freund-Wertheim operation antedates, in point of time, both the Dudley and Watkins operation for procidentia.

MYCOTIC INFECTION OF THE VAGINA.

By *Flora Pollack, M.D.*,

Baltimore.

ALTHOUGH the presence of mycelium in the vaginal secretion of women is of rather common occurrence, 42 times in 685 vaginal examinations or 6.90 per cent., its pathological importance is very low, indeed. Von Herff and Hausman never found it in a virgin, and Von Herff in Frauen Poliklinik in Halle in a six-year service found but 24 cases in 13,283, or one in 553, and that has been about the experience in the Johns Hopkins Hospital Dispensary, in the Women's Venereal Department, in which but three cases with pathological symptoms were discovered, so that in a series of 685 vaginal examinations, 42 contained the fungi. Of these, but three had symptoms, one of these in a young (15-year-old) white virgin, and two in colored women, both parous, but not pregnant. Von Herff found that pregnancy and the summer heat predisposed to it, and that the infection was often conveyed to the mother from a child suffering with thrush. In an experience so small it is, of course, impossible to draw conclusions, as in Von Herff's interesting series. It is said to be at times intractable to treatment, though usually the acute cases recover promptly after the applications of mild antiseptics.

The symptoms are intense itching, burning or pains, with or without irritability of the bladder. The diagnosis is easily made microscopically, in which the dense white membrane, which may suggest diphtheritic membrane, consists of mycelium and spores, and epithelial cells, is easily removed from the intensely injected mucous membrane of the vulva, vestibule or may cover the entire vaginal canal as a cast, as occurred in the young girl of 15 in my group of cases. It usually occurs as white or yellowish patches, which, as said before, can be easily removed without leaving bleeding areas. I have been able to grow the fungus in agaragar and glucoseagar and potato and milk, where it has grown luxuriantly for a short time, too short to isolate it from the other bacteria, in order to determine the species. Although it grows rapidly, it is soon killed by other organisms, which is one of the reasons which Von Herff gives for its rarity as a pathological factor.

As the space allowed is too limited for a detailed account of the cases or an analysis of them, this must be left for a later paper.

Bibliography.—Otto-Herff, Halle, Scheiden-mykosen, Colpitis mycotica. Acuta in Gynacologis No. 52 in Sammlung Klinische, Vortrage Leipsig: 1894-97, p. 490, etc.



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PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

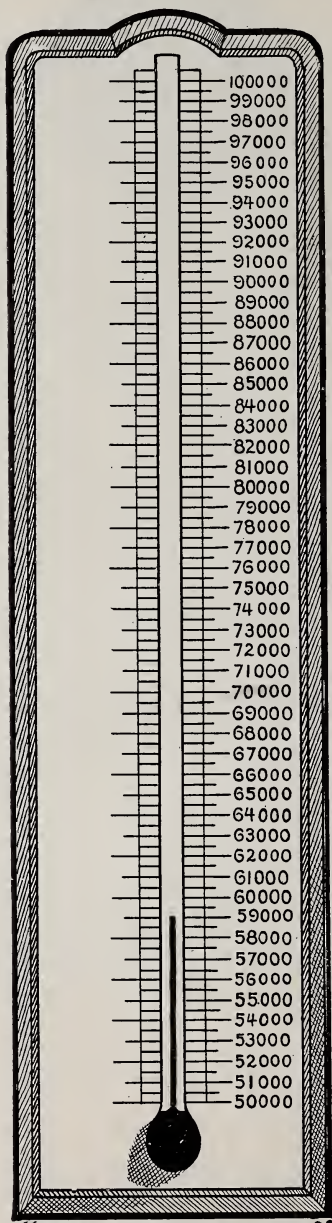
NOTICE.

IN a previous announcement in the JOURNAL it was noted that the semi-annual meeting of the Faculty will be held this year at Ocean City, Md., September 15-17.

The headquarters will be at the Plimhimmon Hotel, the rates for members of our party being \$2.50 per day. Be sure to secure rooms in advance by writing to Mrs. R. T. Shreve at the Hotel. The railroad and boat fare will cost \$3 for the round trip. The special tickets (orders for which must be obtained from the Committee of Arrangements at the Faculty Hall) are good from Tuesday, the 15th, until Sunday, the 20th, inclusive, thus enabling those who wish, to remain a few days after the meeting.

Titles of papers or any inquiries may be addressed to the Committee of Arrangements, 847 North Eutaw street, Baltimore.

**\$100,000.00 TO BE RAISED
BY APRIL 30, 1909.**



"HELP IT RISE"

COUNTY MEDICAL SOCIETY MEETINGS.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY.

THE Anne Arundel County Medical Society held its regular meeting today at Hotel Maryland.

There were present Drs. H. B. Gantt, of Millersville; H. O. Reik, of Baltimore; C. R. Winterson, of Hanover; S. H. Anderson, of Woodwardville; F. H. Thompson, J. O. Purvis, W. H. Hopkins and L. B. Henkel, of Annapolis.

The society transacted routine business and discussed several medical topics. After adjournment the physicians had luncheon at Hotel Maryland.

ALLEGANY COUNTY MEDICAL SOCIETY.

MEETINGS were held in July as follows:

July 8, at 8 P. M.

Histology of Bone—Dr. Harris.

Anatomy of Bones—Dr. Owens.

Periostitis: Pathology, Symptoms and Treatment—Dr. Wailes.

July 15, at 8 P. M.

Osteomyelitis: Etiology and Pathology—Dr. McDonald.

Osteomyelitis: Symptoms and Treatment—Dr. Johnson.

Caries of Bone. Necrosis of Bone—Dr. Franklin.

Tumors of Bone—Dr. Claybrook.

July 22, at 8 P. M.

Tuberculosis of Bone—Dr. Buell.

Syphilis of Bone—Dr. Hawkins.

Osteomalacia. Ricket—Dr. Duke.

July 29, at 2 P. M.

Fractures: Varieties, Causes—Dr. Broadrup.

Fractures: Symptoms, Complications—Dr. Koon.

Fractures: Diagnosis, Treatment—Dr. Walker.

DR. GEO. D. BROADRUP, President.

DR. WM. R. FOARD, Secretary.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

ANNUAL MEETING, APRIL 28-30, 1908.

ORATION—DR. JOSEPH BRYANT, NEW YORK.

*Mr. President and Members of the
Medico-Chirurgical Faculty of Maryland:*

Gentlemen—I cannot conceive of an audience more fitting than this, before which to speak concerning "Some hindrances to the higher station of medicine," and, too, with the full assurance of a patient hearing. Therefore, I thank you for the opportunity and the honor of thus speaking on this occasion. Certainly, those who have added as much as you to the present attainment of medical knowledge and honorable station, are of those who would listen indulgently to admonitory words, and cherish with undying devotion the well-being of the products of praiseworthy labor, in the advance of medical science. Quite too often indeed, it happens that those who are absorbed in the realities of business enterprise and of professional rewards, lose sight for the time of the activities of those who would trespass in arrant or thoughtless ways, on the dignity and welfare of beneficent callings. But, I am not disposed to address you in verbiage suggesting apprehension, regarding the proper outcome in matters like these, nor, which would prompt the thought that the desires of honest hearts, and the actions of honest men, are not in the ascendancy. The kind of world in which I live and would long remain, seems to me to oppose the notion that its people are becoming worse instead of better; that policy dominates; and that principle is in peril. Of course, you well understand that not all the enemies of worthy effort are clad in armor, nor made momentous by tangible means of attack. For others, often of unpretentious manner, though actuated by insidious self-seeking desires, impair the virtue of a calling and otherwise by intangible means assault its character, while basking in its sunshine and subsisting on the products of its usefulness.

The members of this latter class are not entire strangers to any sphere of human advance, and are apt to be much in evidence whenever higher ideals are a part of unfeigned human desire. And, it seems to matter but little to them whether justice contend with wrong, truth with error, salvation with effacement, or disease and despair with health and contentment, they would in some form camp on the trail.

I am not disposed to disregard those who are prompted in their activities by honest, though misguided motives, or by sincere desires not altogether reasonable, so long as calm reflection is invited and improved conditions are a product of the striving. George Eliot truly said, "Growing thought makes growing revelation." That sound discrimination discloses unsound conclusion

can be said also. The presence in a field of action of contending forces of this character is not to be deprecated, but should be indulgently regarded, and their contentions receptively considered, so long as salutary enlightenment awaits the outcome of rational understanding.

It should be in the easy recollection of many here, that protracted minority contentions in this country, not so many years ago, beneficently changed within its boundaries, the established course of action concerning human rights. And too, long, long ago it was, by continued and prayerful efforts and cruel oppression, that Christianity was brought forth and, because of the tender solicitude for mankind, is being disseminated, throughout the world. Now and then, however, the forefront of those who contend for better ends wavers not a little under the assaults of tactful foes and the weight of obnoxious conditions. And, when it shall appear that the sad lessons of personal experience and of history go unheeded, or the penalties of the doing of unjust things are slighted, or deceptive thrift and unwholesome method are for long unhindered, soon, the weight of a burden like either of these will inevitably lower the standard of a vocation on which it is permitted to rest.

But in any event, it should be remembered that easy victories beget an undue sense of confidence and of prowess in the minds of successful contestants. Also, that such victories frequently engender an exalted sense of station and of self-esteem which are often followed by the blight of petty tyranny. And, too, it should not be forgotten that untroubled success is apt to lead to a fickle estimation of the value of the objects contended for. Therefore, it appears quite necessary that the importance of abiding things shall have been measured in great part by anxious efforts and chastening trials. For, when the strain of success will have left indelible impressions on the character of a cause or its champions, then peace is carefully cherished, and continuity of purpose is cheerfully promoted by those in control.

In an extended aggregation of men, not unlike that of our parent body, associating in broad fields of thought and action and with differing geographical environments, it is not strange, and it should be expected, that divers conflicting interests, and honest differences of opinion would arise. Also, it is quite manifest that other and less widely separated aggregations of men, like our state organizations, might be similarly influenced, but, in either instance all opposing ideas and reconcilable shortcomings should be promptly adjusted, in accordance with mutual relations, and the wisdom of respective contentions.

When Pelopidas, the brilliant statesman and warrior of Thebes, was told by a soldier, "We have fallen among the enemies," he replied, "How are we fallen among them more than they among us?" This sententious and seasonable expression was uttered about 370 years before the birth of Christ, and in the presence of the dangers and uncertainties of battle in defense of human rights.

The lofty patriotism and the abiding self-reliance so characteristic of this great and valiant man, were thus expressed in terms whose resonant meaning is yet apposite and clearly comprehended after the lapse of nearly 20 centuries. For now, as then, the opponents of worthy human desires are often tenaciously active, thus adding to their own strength and importance, the same as do the pilot-fish and the leech, by clinging to the objects of their enhancement. The accouchement of a new idea relating to the science of government or of life is never lacking of midwives whose diverse beliefs and strenuous activities are unstintingly bestowed.

Quite naturally, with the flight of time, men's useful endeavors, and the fruitful products of their toil, in most instances, reach higher degrees of excellence—a fact which is emphasized by the notable standard of the present era in human affairs. And the comparative degrees of attainment achieved by the means of human effort, in the various avenues of praiseworthy determination is, a fair earnest of the intelligence of those who contribute to the advance. I will not, however, risk trespassing on your patience by longer speaking in a general way of influences governing higher station in the creative purposes of life.

And, because of the brevity of the opportunity which I now enjoy only certain "hindrances to higher station in medicine" will be considered. And it is hoped that candid introspection concerning some of the "hindrances" will foster remedial activity, especially on the part of those who may be conscious of the need of personal amendment.

At this time it would seem fit to admit that the station of medicine, in the estimation of numerous thoughtful people, is not regarded as quite equaling that of other learned callings closely related to the comfort and welfare of the body politic, notably those of theology and law. And when one unbiasedly estimates the degrees of apparent esteem exhibited by the public for the learned avocations, it is hardly possible to persuade oneself that the medical profession yet enjoys equal station with that of the others already mentioned. I am not ignorant of the fact that impassioned pleadings, embellished by sublime sentiments are, on state and other occasions, given birth by eloquent tongues and facile pens, prompted by grateful appreciation of the special beneficence and glory of the medical calling. Nor am I blind to the truth that comparatively silent tributes of similar regard are more numerous than the former, and also, that because of the earnest halting fervor of their utterances, they often give stronger evidences of gratitude than those blessed with ampler expression. The modest homage indicating the gratitude of the humble is usually more wholesome and abiding than that pictured by the fervid assurances of those of higher station. That esteem and thankful good-will should be a large asset of the belongings of our profession is both proper and just, and will maintain so long as life and comfort rule the senses of mankind. And few, indeed, there are whose experience with the somber side of life's physical trials, who would not gladly give

enthusiastic approval to sentiments of this kind. And, the lower creatures, too, often instinctively testify to their delight and love by caressing the hand that mitigates their distress, or by championing the cause of one who comforts them in disaster.

If to testimony like this be given special significance, whence the difference in the station of medicine in the presence of such unrivaled sentiment? If tender emotion and abiding esteem were identical or both were present in all instances, then indeed, would personal status be greatly enhanced and professional station be correspondingly elevated. In this relation it is well to be reminded, that the tenure of grief and gratitude, in the presence of the inhibiting effect of the sordid joys of human desire, is quite apt to be of volatile nature, as is painfully witnessed by the number of unmarked and of unkept final resting places of the once dear, the devout, and the distinguished of our race.

I shall not concern myself at this time with differentiations of a professional kind relative to particular callings, but instead will direct attention to some of those things which appear to measurably modify rational conceptions of the medical profession itself.

From the early period to the present Medicine has had many inherent and extrinsic burdens, which at times were oppressive, and, in fact, became practical enemies of its station and its progress. Enemies not in the sense of physical conflict, but in the sense of insidious longings and thoughtless and irrational determinations which encouraged the promotion of unsavory and hostile influences in connection with it.

The use of remedial means for the relief of human afflictions was conceived at the early dawn of human sympathy, and was an earnest of the nascent sentiment of human brotherhood and the coming on earth of the Kingdom of Heaven. Healthful medications for the promotion of physical comfort and the welfare of humanity, and sustaining influences for the promotion of spiritual hope and development, were each the fruit of primal conception, from which time religion and medicine have appealed with increasing power to the faith and credulity of the human race. Their sustaining influences were the issue of pressing need, and were developed and utilized under the fostering care of monastic solitude and devotion.

It is not strange, therefore, that these beneficent powers, the offspring of spiritual hope and physical comfort, and nourished by faith in the age of primal light, should have been enveloped by the superstition and prejudice of early time. Nor is it unnatural that the power of the mystery of medicine at that time, especially when impressed with solemn ceremony by those who were believed to determine the destiny of the living and to fix the station of the dead, should have made quite similar the unreasoning and ignorant, the significance of the cassock and the cross, with the mortar and pestle. Thus yoked, the practice of medicine came into mind, sanctioned by the majesty of spiritual association, and promoted by the sufferings and supernatural instincts of the day. For

centuries, thus linked, our profession ill kept pace with the advance of co-ordinate affairs, because of the handicap imposed at the outset by a power which restricted its opportunities, and measured its benefits by preternatural estimate. And not until the increased understanding of later times had quite divorced the practice of medicine from the servitude of mysticism and allegory, did it still later assume reliable and enlightened station under the aegis of rational scientific endeavor. And, the ever-forward advance of co-equal knowledge, and the opportunities for scientific research and reasoning, have anchored securely the science of medicine, and established its practice free and uninfluenced by ancient notions or by modern sophistry. It is apparent, however, that many, indeed, yet regard the medical man and his armamentarium with an awe, akin to that of ancient birth, which, when further impressed by unusual method appeals in startling manner to the susceptible and the unsophisticated.

It would seem logical, that, with assured scientific culture in medical knowledge, intelligent appreciation would fix itself with hooks of steel to the outcome of exact methods of thought and action, in medical teaching and practice. There are, however, enlightened people who would rather pin their faith in cure to those who deal in the subtle and imponderable things found in the armamentaries of strange, mysterious conceptions, than receive aid at hands, whose attainments are the fruits of accredited knowledge. The comforting hypnotic influence of the former class supplemented, perhaps, with verbal pharisaic dispensing, is more assuring to some than the disturbing logic of established facts in scientific method. And, in this connection, I believe that we should recognize that established method and its resourceful benefits might in certain instances be inhibited and possibly destroyed by abrupt, unsympathetic, or otherwise unpolitic manner of communion between the scientific physician and the patient. The solace of active sympathy is often more controlling and durable than are the earnest assurances of therapeutic virtue, told with formal expression. For this reason, however, it does not arise that honorable professional men should imitate the ways of those of unsavory character so thus to invite the confiding responses which comprehend remunerative treatment, or misleading rank in public confidence. There is much, indeed, regarding patients and their afflictions which should not be told to them, if the availability of suitable treatment and chances of recovery are to be properly courted. What patients should be told of themselves usually only intelligent physicians are competent to judge, and their prerogatives in this regard should be willingly conceded. There are, however, in the category of disease manifestations, and of injury, kinds of affliction which, because of continuous, inconsistent exhibitions and utterances on the part of the distressed, often receive scant sympathy and attention from those possessed of able and ample knowledge of relief. With sufferers like these, members of our calling of easy professional virtue, and those who regard them-

selves doctors, are wont to loiter, receiving substantial recognition without a proper regard for truth or justice in their calculations. That, often, "empty heads console with empty sound" needed not the logic of Pope to establish. And that the long-deferred hopes of sickened hearts make for fruitful opportunities of sombre practice is often dependent quite as much on the paucity of scientific sympathy, as on an excess of conscienceless pretension. Properly, therefore, conscientious men regard with disfavor the caprices of professional duty which would give scant attention to the infirmities of those who, without special danger, often suffer picturesquely, both from the disease and the treatment.

The adversaries of honest medication and the promoters of disreputable measures of relief are numerous, and aggressive. Some with preconceived methods of mephistophelian cunning, profit by the doubts and fears of the unsophisticated and the despair of the helpless. And their alluring promises are vitalized and promulgated by willing agents of the press who for a part of the meretricious toll, exploit their evil practices. The parasites of this kind fatten on the consequences of the frailties and misfortunes of physical existence. How startling it is that one can read on a page of the public press with profit and confidence of the important topics of the day, and perhaps of those relating to spiritual comfort and hope, while, on another page may be seen insidious and flagrant announcements which, with alluring phraseology, entice the unfortunate from paths of duty and safety to those of ultimate disaster. How sad is the condition which emphasizes the fact that the virtuous and the vicious things of life should find notice through the common channels of public enlightenment, and with this difference, the latter always can afford to pay for the opportunity.

Flagrant abuses against Medicine are often quickened by those who could mercilessly destroy, and its station is correspondingly lowered in the minds of those who would condemn virtuous and beneficent means, because of their perverted use.

The influences of hindering nature to higher station of medicine contributed by members of the profession itself obviously play an important role in fairly estimating professional standards. The degree of sincerity evinced by its members in the promptness and equity of the adjustment of their own moral affairs, exercises a profound influence on the actions and feelings of those of less pretentious engagements. It is properly asserted that a chain is no stronger than its weakest link, and by the same standard of measure, the station of a profession can be estimated by the character and conduct of its constituents. The standard of the civilization of a nation is often misunderstood, because of the conclusions of unripened judgments based on the repellent examples that occasionally fall into view.

A disturbance of the relation of the sun's rays to the falling rain-drops would destroy the symmetry and impair the beauty of the symbol of God's promise to man.

Too frequently, for the preservation of the dignity and station of our profession, one hears complaining utterances of disappointed members whose estimates of success are often measured more by a greed for vulgar gain than by the desire of a wreath for benevolent endeavor. The hunger of unrequited ambition for recognition, begetting pessimistic fault-finding and ungracious speech, supplemented by invidious claims of the disgruntled and the loud clamors of the self-assertive for those things which by common consent, men gain from merit, are often as discomfoting and degrading as they are pitiful.

That the kind spirit of a gracious and loyal membership perpetuates an advancing order of commendable things in business, and in medicine, is as well known to lay people as is the fact that, a complaining and restless membership inhibits or destroys a favorable order of progress of commendable things, in all forms of human endeavor.

Also, it should be clearly understood that the grandiloquent phrasing and insistent pretensions of those of us who, too often, mistake notoriety for reputation, cause our profession to be lightly regarded by those who would judge the character of the many by the assumptions of the few.

The methods utilized by the vain-glorious and self-assertive in the promotion of vulgar aims are fatal to the confidence and respect which thrive in the acquiring of praiseworthy purposes.

Suitable rewards for the proper industry and effort are the just contributions in all instances, whether professional or not, in recognition of services rendered to another. But, on account of the peculiar nature of our duties and of their varied relation to the subtilities of life of terrestrial comfort, ought these rewards to be classed with those of a nature concerning material gain? For one who would thus grossly estimate the value of medical aid in the relief of human suffering might himself, unwittingly, pervert a truly benevolent profession into a merciless business enterprise. Examples kindred to this feature of indecent gain now and again come into notice, and often are utilized by declamatory people for the purpose of criticizing a generous profession, instead, as they ought, for condemning individual instances of moral perversion.

The station of a physician should be estimated more by the amount of good which he does than by the amount of gold which he accumulates in relieving human affliction. And it should be distinctly understood on the part of all, that, the medical calling is not a business enterprise to be regulated by the rules of thrift which characterize commercial gain, but, instead, as expressed in a recent decision of a German Court, "The profession of medicine is a guild whose labors are of benevolent nature and cannot be legally estimated by established rates, the same as in business enterprises." I am convinced that the completer our professional rewards are divorced in expression and method from those which characterize the business ways of the world, the greater will be

the distinction, and the higher the station of medicine in the confidence and respect of thoughtful people.

Aside from the preceding examples of offending, another kind of thrifty enterprise of the nature of a reciprocal tariff occasionally appears in our midst. This form of tariff is not wholly unlike in its moral effect, the one which is said to torment many statesmen of the present day, as in either instance:

"In those who gain, gratitude savors
Of a lively sense of future favors."

And, regarding our own participants, it would seem that as enemies to a "higher station of medicine," we might with Pelopidas exclaim, we have no more "fallen among them than they among us." Alluring means have been successfully practiced to secure their exposure, but with no greater discomfiture to the bad than to the good of our calling. The latter blushing with humiliation and shame because of the debasement of their colleagues, the former exhibiting the manner of the contrite, or that of brazen indifference, supplemented with disputatious sophistry, depending on their respective conceptions of the differences between honest professional rewards and dishonorable professional gain—between honorable practice and discreditable method.

Realizing the inclinations of some members of the medical profession to trespass in this regard, the House of Delegates of the American Medical Association, at a stated meeting held in New Orleans in 1903, adopted unanimously the following paragraph, which is a part of the Principles of Ethics of the Association:

Sec. 4. "It is derogatory to professional character for physicians to pay or offer to pay commissions to any person whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or to receive such commissions."

Ethical conduct, in nummular matters, is of supreme importance in the preservation and development of respect for the medical calling on the part of reflective people in every walk of life. The proper co-ordinating on our part of the lust for wealth which, so generally, characterizes the lay multitude, is of immense significance, since it marks the difference between the sacred love of professional achievement, and the ignoble longing for vulgar profit. Sincerely impressed by the importance of this matter in connection with medical education, we voiced our belief in the Presidential address at Atlantic City in the following terms:

"Apropos of the importance that the faculties of medical schools should lead the way to higher station in professional ethical conduct, both by precept and example, I am prompted to say that there appears to be no doubt that uncanny business instincts are encroaching in the reciprocal vulgar ways characteristic of lay methods not a little on the sacred domain of professional propriety. I am of the opinion that trespasses of this kind are chiefly the out-

come of acquisitive intentions based on delusive self-seeking desires. The remedy for the cure of this unprofessional propensity rests largely in the hands of the faculties of medical schools. They should inculcate a high sense of professional honor in those who come under their tutelage. Ample instruction of medical students in the tenets of moral philosophy, as applied to the practice of medicine, and substantial disapprobation of offending practitioners by their colleagues will, in my judgment, hasten the reduction of this evil to a minimum."

When it so happens, however, that those who violate established moral principles of practice are of high station in the profession, the power of example is likely to arouse a desire for similar indulgence on the part of those of lesser rank; who would justify their course by impressive examples, or, while bitterly complaining, still remain upright.

Not everyone who strives in the science of healing can gain equal standards of success. The natural and acquired attainments of aspiring individuals are by no means co-equal throughout the profession. And such is the case in every domain of effort to which the energy of man may be directed. It should not be overlooked, however, that, station in life is comparative and largely the product of opportunity and intelligent effort, no matter in which community the activities essential to success may be located. In every community a sterling example of respected manhood will be designated by the people who, by common consent, point with pride to the object of their confidence and affection. It matters not whether the community be a metropolitan city, or a rural hamlet, some one within its environment is justly honored by its people as being of higher station than those about him. It is not possible that such would be the case were local popular idols indiscriminately transferred from one habitat to another, for then the differing standards of judgment of the different places would not reconcile the attainments of the various persons to their respective situations. The wisely harmonizing adjustments of human ambitions afford abundant opportunity for comparative professional success in the respective planes of learned effort. High station in attainment is relative, and to each aspirant belongs the privilege and the reward of achieving all that his opportunity affords. And, increasing chance for higher station in the planes of medical endeavor begets greater obligations on the part of medical men to reach, if possible, the highest standard of excellence, and, in a manner that will command the respect and admiration of those who would rightfully judge the outcome. Aspirants who would court success, whose ways are those of slothful indifference, and of careless disregard of civilized proprieties, or of professional equities, will fail, and so, inflict on the station of medicine gaping wounds, whose healing will leave enduring disfigurements. He who properly respects his calling, also should show proper respect for those who honorably engage in it. And those who do not thus conduct themselves should receive the degree of condem-

nation which they merit. Incongruous indeed, it is for one to add to the wisdom of a profession while disregarding the principles of moral philosophy which justify its claims to respectful consideration. A course like this would be akin to that which comprehends the adornment of a municipality by the aesthetic tastes of one, who, at the same time offends its sense of common decency, by flagrant disregard for the ordinary proprieties of good citizenship.

The consideration shown by us to those of our kind, who command the respect of the people, will impress upon the people the degree of loyalty for persons and purposes which should vitalize the spirit of our profession. The degree of fidelity which we exhibit for the tenets of our calling may be regarded as an earnest of our love for, and determination to uphold and defend it. And any indifference or slighting on our part of an evident professional duty, when observed by the devoted of other affiliations, will invariably lessen their regard for us and in no way enhance their appreciation of the station of medicine.

Before the birth of Christ and nearly eighteen centuries before the birth of American freedom Horace wrote:

"This is true liberty when free-born men,
Having to advise the Public, may speak free."

This ancient text is a sermon in itself, the truths of which, are daily exemplified in the well-being of our country to whose perpetuation in the fullness of its harvest the highest and the lowest of her people should vie with each other in preserving.

Hence, I am prompted to say that those of our profession who have no apparent concern in public affairs, who devote their time and thought wholly to the practice of their calling, negligent, or indifferent, to their duties as citizens and influential members of a body politic, are not adding as they ought to the enhancement of the station of medicine. Physicians should be willing to pause long enough to assume the responsibilities of counsel in public affairs, or, perhaps, of official station, so that the best interests of the public and the profession may be wisely supported, and approvingly advanced. A policy of action like this affords occasion for unselfish co-operation in the best interests of medicine and of good order, and thereby forestalls the perennial realization of persons whose ambitious desires for professional or official position are largely in excess of their availability. The citizen who contributes a part of his time and thought, and individual comfort, to the important and often onerous duties of a juror, thus bears witness of his loyalty to the government which secures to him his rights of property and person. And, in doing this, contributes his mite to the abundance essential for the maintenance of good citizenship, which we ourselves can enjoy without this bestowal. While, in a degree, physicians may stifle their sense of public duty with the plea that the demands of an exacting and onerous profession, do not permit them to give it heed, they cannot

with any measure of fairness, remain indifferent to the appeals for protection and support which Medicine itself rightfully requires of those whose character and constancy are an important part of its belongings. And I fear it too frequently happens that worthy and conscientious practitioners, who are earnestly engaged in the care of the afflicted overlook their duty to the general welfare of the profession that affords them the opportunities of high station and generous rewards.

Rarely, can one be so deeply engaged in any special field of effort that he would not at once stop to repel a foe, or disclaim false assertions that wound his pride or offend his sense of manhood. For these, and for broader reasons, should one stop to defend the profession of his choice, and, with the degree of fidelity which would prompt a son to defend the honor of his mother. If we would do more of this missionary work in suitable instances, and offend less ourselves in thoughtless ways, the observant people of every community would estimate higher than before the station of our profession. To all matters relating to common betterment, the members of the medical profession should find time to give the degree of thought and effort which loyal obligation and mutual enlightenment requires of everyone.

And, when rational attention shall have been given by members of our profession to the unwarranted eccentricities of their kind, as properly estimated by lay critics, then the latter will be afforded less opportunity for judicious complaint or disputatious cavil.

The thrifty and oppressive designs of many outside of a profession in matters directly related to it, often lower its station, because of the inattention, indifference, or thoughtless co-operation of members of the profession itself. And, it is the common lot of the indifferent, the negligent, and the thoughtless, in each field of human endeavor to realize that their own loss of station, and of that of their choice, can be measured by the character of the incursions unhinderingly made on their belongings, by aggressive self-seeking interests. Notably so in our profession, do we see the encroachment on healthy thought and intelligent action of the use of idealized savory products of pharmacy, exploited as meeting the demands of various human afflictions, without doubt, or probable delay, of therapeutic efficiency. In this way dubious business thrift supplemented by co-operative professional contentment and convenient indifference, patronized by confiding and credulous people, yields princely returns for the diminutive cash equivocal integrity invested in it. Professional co-operation with lay methods, which contemplate coincident utilization in disease, of relish and remedy, often attained with artless ease, "Like orient pearls at random strung," not only yields professional discredit, but inspires with doubt and desire those patients who may think themselves benefited—doubt regarding the need or wisdom of the

medical attendant, and a controlling desire to doctor themselves. The thoughtless and the mercenary practitioners share in this form of enterprise, and each in a degree corresponding thereto, degrades his own and the standard of his calling.

Of late, strong and earnest influences have sought to correct this evil, but, as yet, without the degree of success which bespeaks a final triumph along the present line of action. In my judgment, the situation requires that corrective educational efforts should be directed at once and with vigor to the medical student, the "twig" of the profession, as it were, instead, for we have long been taught:

" 'Tis education forms the common mind,
Just as the twig is bent the tree's inclined."

Unscientific pretension with brazen affrontery or amazing credulity stalks abroad in the land laying claim to curative powers which neither recorded results nor educational claims can justify. Also, absurd diagnoses and pretentious cures, based on anatomic impossibilities, are exploited by the disciples of a sect in romantic language which delightfully cheer, and often inebriates the expectations of those whom they would serve. And, strangely, it often happens that the narrower the conceptions of the practitioner are and the emptier the cult, the louder and more enticing are voiced the expressions of cure. And, as in "Much Ado About Nothing," "Charm ache with air and agony with words!"

Unscientific assumptions in medical matters, veneered with sophistry and vain-glorious iteration, force attention, which, temporarily, at least, hinders the furtherance of true scientific methods. And strange as it may appear, persons whose intelligent equipment should guide them aright are often loudest in their outcry, most persistent in their strife, and totally oblivious to enlightening receptivity. Painful examples of this kind force themselves upon the patient attention of those who annually strive for better things in the legislative halls of civilized government.

The fact that human life and its happiness are opposed in the scale to the painless sacrifice of animals utilized in the preservation of these supreme gifts, seems not to lessen the determination of many to hinder or prevent animal experimentation for scientific medical purposes. And, also, that with each year the scope and potency of destructive disease and unsanitary conditions are thereby lessened, seem to afford little inclination on the part of the opposition to limit their vituperative expressions, or hasten the relinquishment of their irrational contentions. Gracious, intelligent, and apparently well-meaning people, with eager inconsistency and gratified manner sanction the taking of the lives of creatures for culinary purposes, in health and disease, but for the control of the latter of which, they would deny the privilege of the scientific

sacrifice of similar creatures. And, lovely woman, "whom angels are painted fair to look like," so often add to their charms those of the plumage of the beautiful birds, as to encourage their slaughter to meet the cruel demands of vain desire. Surely, these women do not oppose the merciful sacrifice of creatures for the beneficent purposes of scientific cure?. Plausible measures needlessly directed to the regulation of animal experimentation are abroad in the land, and are drawn so adroitly and presented so cleverly as almost to conceal, on confiding inspection, the special features of grave possibility. Consequently, medical men who are loyal to the spirit of scientific endeavor, and also, those who would exchange the proud spirit of eternal vigilance, for that of the timidity of ephemeral peace, are thoughtlessly giving strength to the stealthy foes of scientific medicine. It should not be possible to thus easily introduce into the ranks of our calling a wedge, which, if driven home, would cleave asunder the unity of purpose which should characterize our profession in all matters relating to wise scientific opportunities. Medical men should refuse to approve of strange notions having a professional bearing, until after judicious communion with experienced minds shall have determined the wisdom of the conceptions. If organization in medicine stands for aught, it stands for unity of purpose in all scientific matters relating to it, and should not countenance the unauthorized and demoralizing impressions of even professional minority assumption. Had the medical profession of England, many years ago, unitedly and obstinately, resisted the subtle encroachments on scientific effort of irrational pretension, of conscienceless intrigue, and timid obliging concession, her station in scientific medicine would be higher than it is now, and the constructive members thereof less tormented by the still militant foes of scientific research. Charmed at first with the specious phrasing of the cunning energy of anti-vivisection, the profession yielding to its seductive blandishments from time to time, or, losing a battle in the field of contention, now finds itself almost helplessly enthralled by the ever-tightening coils of a relentless force! With this sad object lesson in view, all of us who love our profession, and who honor it because of its ever-increasing beneficent achievements, should resist to the end the encroachments of those who would willingly succor the brute at the expense of the life and happiness of the human kind. For, to the simple-minded, well-meaning people who are misled in this, and other respects, by false notions of mercy and cure, we have only feelings of pity which prompt us to believe that they do not realize wherefore they contend. And, we would charitably hope that to the enthralling power of suggestion, more than to any other influence, are due the sad eccentricities and irrational conceptions of those who by thus striving, hinder advance in the station of scientific medicine.

The relations of the medical profession to expert evidence in Courts of Law, in many instances, apparently have added nothing to the station of medicine, nor to that of those who actively engage in this kind of enterprise.

The product of the activity of the ingenious, elastic conceptions of an astute limb of the law, supplemented by the obliging co-operation of a contentious professional medical expert, is a composite picture, the dexterous execution of which too often robs Justice of a title, and the respective professions of honorable mention.

An illustrative picture which often incites vague admiration without a degree of sincere approval, represents the medical adviser of a contention, under oath, testifying to the courage of his scientific convictions, while being prompted by the lawyer of "his side of the case."

Corrective measures for this state of things have from time to time been proposed, but usually by those who were moved more by the idea of the need of remedy, than by an understanding of the present status of affairs. For, those who are profoundly learned in law, and yet duly impressed with its seeming inconsistencies, were disposed to regard it wiser to head the results of centuries of experience, than to be unduly hastened by modern conceptions of greater doubt, than those which already exist. It would appear, therefore, that the patient and the penitent of our profession who would be guided in this regard by wisest thought, should heed the dictates of the inner man, until the outer and wiser men shall have promulgated better methods of practice.

It would appear from what has been said already this evening, that, at least, "Some Hindrances to Higher Station of Medicine" can be classed with those levied by selfish "interests on submissive principle," and, too often by those of our profession whose methods would better fit a business calling.

It should seem to those of a profession devoted to the preservation of the greatest of God's earthly Gifts to man—Physical Life and Comfort—that the venal ways of men would in no manner trespass on their sacred domain. And, that we ought vigorously to resent on all occasions unethical encroachments on the purity of the purposes, and the inviolability of the station of medicine. And, as an earnest of this determination, why not keep in mind the words of Pelopidas, who, when reminded of the great number of the foe, replied, "It is better thus, since there are more for us (me) to conquer."

And if ever it happened that the medical profession be threatened with divestment of the rights necessary to the relief of human suffering, why should not its adherents, like Pelopidas, fall in defense of the comfort and security of the afflicted, who, since recorded time, have received of physical comfort and spiritual hope all that medicine and religion could bestow.

SYMPOSIUM.

[NOTE.—Contributions to this Symposium are solicited from all sources on subjects relating to the good of the Faculty and to the profession of Maryland in general. The editors are not responsible for opinions expressed.—MANAGING EDITOR.]

HOW TO INCREASE THE MEMBERSHIP.

Among some of the objects of the Medical and Chirurgical Faculty is the enforcement of just medical laws, the guarding and fostering of material interests of its members, the protection against imposition and the enlightenment of public opinion.

The Faculty must convince the prospective member that by joining it he will not only gain knowledge and clinical experience, but that the membership will bring him distinct material advantages.

The Faculty, I believe, would benefit the members more and would attract more new members if it would devote more time and efforts toward the uplifting the standard of the profession, and particularly toward the betterment of the material condition of the members.

Among the evils with which we have to contend are the patent medicines, the dispensary abuse, the quack and the midwife.

There is a crying demand in the profession to remedy these evils, and we justly look to the Faculty, as the representative medical body in our State, to help us.

In the trades and industries we have labor unions that deal with the problems of the day, with the question of wages, with the shortening of the hours of labor, etc.; and if the workingman of our country is better paid, better housed and fed, it is entirely due to the beneficial influence of the trades-unions.

It would not detract at all from the standard and dignity of our medical society to learn a lesson from these.

The Dispensary Abuse.—The dispensary abuse prevails to some extent in all the large cities. In New York the physicians have combined in self-defense and have secured the passage of a law which makes it a misdemeanor, punishable by a fine or not less than \$10 nor more than \$25, for anyone to receive treatment at any licensed dispensary in New York State under misrepresentation as to their financial condition, and which places all dispensaries under the control of the State Board of Charities.

The rules of said Board will effectively prevent the unworthy from receiving free treatment. Why could not we accomplish the same in Maryland?

As to Quacks.—Our society, of course, influences the *morale* of the profession by enforcing its code of ethics, by expelling a member who has fallen into evil ways, and by refusing the admission of a candidate who has a bad reputation.

But it can go further. It can point out to the people the honorable and respectable physician. For instance, by adopting a button with the emblem of the Faculty, which could be worn by any member who so desires, the public would soon learn that the respectable physician belongs to the medical society, and would look with suspicion on the practitioner who is not provided with the coveted button.

The Patent Medicine Evil.—Half the shelves of our drug stores are taken

up by patent medicines. A large part of the advertising matter of most of our medical journals and the daily newspapers and magazines contain descriptions of the great and wonderful cures supposedly effected by proprietary and patent medicines.

In some of the European countries, particularly in Germany and Russia, the manufacturer of a patent medicine is compelled to have the compound analyzed by a State chemist at his own expense before he puts it on the market. If found injurious or misrepresented, he is prohibited from selling it.

The sale of patent medicines should be placed under the supervision of the Health Board, since the indiscriminate sale of useless and often dangerous nostrums affect the physician as well as the public.

Much good in the way of abating the patent medicine evil in our country has been accomplished by the passage of the pure food and drug laws.

The Quacks.—Drug clerks, barbers and men who merely matriculated to a medical college have crept into the ranks of our profession in the State of Maryland.

It is unfortunate that those into whose hands the enactment of medical laws has been placed have made serious blunders. Let us hope that a new medical law may be passed by the next Legislature which will cover the ground.

The Midwives.—They, too, like the quacks, find their victims among the poor and the ignorant. In fact, most of the confinement cases of the poorer neighborhoods go into the hands of the midwives, many of whom are wholly unprepared for such a vocation and are ignorant of the ordinary laws of hygiene.

In Germany and Russia no woman is allowed to practice midwifery unless she is a graduate from some school especially conducted for that purpose. Strange that a most progressive and enlightened country like ours should not have a similar law for the protection of pure women and innocent infants.

Encroached upon by the dispensary, the quack and the midwife, is there any wonder that the practitioner of Baltimore has to struggle hard for a bare living? In some neighborhoods the physician's fee has dwindled down to fifty cents, and his scant remuneration is often not collectible.

The average physician of this country does not enjoy the same social standing as his brother does in Europe, where the preliminary requirements of a professional are pretty high and where the physician is a man of culture and education. In Baltimore, for instance, under the lax medical laws, we find in the ranks of our profession previous laborers, farmers, ordinary mechanics, and men otherwise void of education. Whilst our Medical State Board controls and regulates the standard of medical education, it leaves the question of general education in the hands of irresponsible colleges.

We, the medical practitioners of Baltimore and of the State, look to the Faculty for our protection and for the protection of the people.

I am the last man to underestimate the good work our medical society has accomplished, but I claim that it ought to devote more time to the consideration of practical questions, even at the expense of clinical work.

Let it encourage practitioners to make complaints against other members whenever unfairly treated by them, and give redress when possible. Then

the Faculty will become a living force in the medical fraternity, and not merely a meeting-place to hear the discussions of rare cases or where one could see a curious pathological specimen.

I would suggest the adoption of a properly-designed button not only, but would advise members of the Faculty to attach the letters "M. M. C. F." on their cards or letter-heads, not in a spirit of mere vanity, but to educate the public that membership in the M. C. F. means a distinction, and that the doctor who is entitled to wear the button or to attach those letters to his name may be depended on for his reliability and competency.

Every legitimate means should be employed by the Faculty not only to elevate the professional standing of its members, but also devise ways and means to better their economic condition.

Baltimore.

MOSES SAVAGE.

Society Reports.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD JANUARY 6, 1908.

I. Exhibition of Cases—Dr. Barker.

Dr. Barker reported two cases of cerebro-spinal meningitis that had been treated by injections of Flexner's meningitis serum.

Case 1. A boy, aged six years, was admitted to the hospital with a history of a six-weeks' illness. He was supposed to have had acute lobar pneumonia six weeks previously. Afterwards he developed a rise in temperature, headache, earache, retraction of the neck and vomiting. On admission the boy was screaming continually, his neck was stiff, he had positive Kernig's and Babinski's signs, headache, and extreme sensitiveness of the skin. There was no strabismus and no opisthotonos.

A lumbar puncture was done. The intraspinal pressure was 400 mm. Twenty-five cubic centimeters of fluid were removed. This fluid contained small flocculi. Cultures and smears showed diplococci intracellularis to be present in the fluid. At this time the boy's temperature ranged from 98° to 104°, the rise occurring in the evening. Examination of the ears revealed bulging membranes. After puncture of the membranes there was a drop in the temperature.

Four days later at another lumbar puncture the pressure was 520 mm. Thirty-five cubic centimeters of fluid were removed. Diplococci were again found in the fluid. After this second lumbar puncture 25 c. c. of serum were injected into the spinal canal. Within 12 hours the temperature fell from 102.4° to 98°. The boy slept soundly and felt better. The following evening there was a rise of temperature.

Twenty cubic centimeters of cerebro-spinal fluid were now removed and replaced by serum. At this time the pressure was 160 mm. Forty-eight hours later a fourth lumbar puncture was done, when the pressure was found to be 260 mm., and 20 c. c. of fluid were removed and the same amount of serum injected. The fluid was clear and contained few diplo-

cocci. At this time the temperature was normal. Several later specimens of fluid have been withdrawn, of which the last two have been sterile.

Improvement has been marked. The stiffness of the neck and headache have disappeared. In all 65 c. c. of serum have been injected. The case is interesting because of its late recognition and because the serum seems to have been beneficial where employed in a late case. Flexner thinks the serum acts best in early cases.

Case 2. A boy, aged 15 years, was admitted to the hospital on the evening of the fourth day of the disease. He had a well-defined case of meningitis. A lumbar puncture showed 400 mm. pressure. Thirty-five cubic centimeters of a very cloudy fluid were withdrawn and 15 c. c. of serum injected. Diplococci were found in the fluid. During the transfer of fluid the patient's condition was alarming. His blood pressure ranged from 160 to 200 mm., where it remained for 12 hours. His temperature was 103° to 104° .

The next day the boy's temperature was 100° and his pulse 80. He was comfortable and his squint and opisthotonos had disappeared. A second lumbar puncture showed 520 mm. pressure, and 40 c. c. of cloudy purulent fluid were removed, in which the diplococci were hard to find. Thirty cubic centimeters of serum were injected. The next day, the seventh day of the disease, 20 c. c. of serum were injected after a third lumbar puncture. The patient's condition improved markedly, though his neck was still stiff. His temperature fell gradually to below 100° today.

This afternoon his temperature suddenly shot up to 103.4° . A fourth lumbar puncture showed a pressure of 480 mm. Forty-six cubic centimeters of cloudy fluid were removed and 25 c. c. of serum injected. This elevation of temperature this afternoon looks like a relapse, though it may be due to a complicated infection. It is impossible to talk about the value of the serum from the results obtained in these two cases. Flexner reports 75 or 80 cases treated with this serum where the mortality has been reduced much over the ordinary mortality of meningitis cases. The serum is probably not an antitoxic serum. It is not known exactly what it is.

DISCUSSION.

Dr. Randolph: Were the eye grounds examined in these cases?

Dr. Emerson: Case 1 showed choked disc of left side. Nothing abnormal was to be made out in the second.

Dr. Randolph: Accounts of epidemics are characterized by different kinds of eye symptoms. Some 10 or 12 years ago, in an epidemic in the western part of the State, the eye symptoms were localized in the back of the eye; in some epidemics they are localized in the muscles. In this epidemic they consisted in an enormous dilatation of the veins of the retina, which in some cases reached such remarkable size as to suggest the diagnosis of the case. There were no ear symptoms in this epidemic that I can recollect. In another epidemic reported from Heidelberg the changes were largely in the choroid.

II. *Pancreatic Disease*—Dr. Emerson.

The author thought this a subject that has not been sufficiently emphasized in the teaching and practice of clinical medicine. He prefaced his remarks by a discussion of various anatomical and physiological character-

istics of the pancreas. Multiple pancreases are infrequent. There are only 14 instances reported. While there are many cases of accessory pancreases on record, there are in the literature only a very few reports of such organs possessing a proper duct.

Only three cases of complete encircling of the duodenum by a pancreatic ring are on record. The pancreas normally enjoys a very central position in the body and has manifold relations, and it is therefore easy to understand why in trouble with the pancreas the other organs give the symptoms. It is in the triangle that is bounded on two sides by the duct of Wirsung and the duct of Santorini that chronic pancreatitis most often begins. We must remember in this connection that there may be a constant circulation of intestinal micro-organisms through this triangle by way of the two ducts.

Cases may occur where it would be important to apply what we know about the influence of certain foods on the rate of pancreatic secretion. Normally the pancreas secretes 500 c. c. of juice in 24 hours. Acids or a carbohydrate diet increase this secretion; alkalies, fats or a protein diet diminish it. Therefore if you put a patient on diabetic diet a pancreatic fistula may close of itself or render itself amenable to operative closure.

Again, the formula of the pancreatic secretion changes with the diet. There is lactase in the pancreatic juice of milk-fed infants. In adults who do not drink milk the lactase here disappears, but if a milk diet be resumed the pancreatic juice of the adult will again contain lactase. Perhaps this fact explains the efficacy of the DuBois diet.

The etiology of acute pancreatitis that begins with hemorrhage may rest upon the fact that certain substances, like bile, bacteria, etc., activate trypsinogen. If, then, the inert trypsinogen be converted into active trypsin by such agencies, it may well be that the latter ferment erodes or bores a hole through the tissues and sets up the disease.

The question of an increased or diminished pancreatic secretion is an interesting one. Finney has called attention to the occurrence, in patients who complain of indefinite abdominal symptoms, of a dilated duodenum. It is possible that this distention is due to increased secretion of pancreatic juice. No such relation has, however, been proved, though there are certain things in its favor. More important in symptomatology is a diminished pancreatic secretion. Bramwell was the first to cite a case of infantilism in a boy of 19 years who had not grown in nine years. During all this period of arrested development the patient had had diarrhea, with bulky stools. Under treatment with pancreatic extract the symptoms disappeared, only to recur with cessation of the treatment. Bramwell thought this a case of functional achylia pancreatica. Other cases have since been reported. It has been suggested that a good many atrophic nurselings are suffering from this condition.

Many cases of acute pancreatistis are not due to hemorrhage. They may be due to infection, primary or metastatic, or to activation of the ferment. A true pancreatic apoplexy is often without symptoms; the patients are simply found dead. In some cases there are symptoms. In meeting with cases of acute pancreatitis it is always well to remember two things—first, that the condition is usually a recrudescence of an old pancreatic trouble that has been characterized by gallstones or nausea or vomiting or pain in the region of the ensiform cartilage; and secondly, that prodromata—slight

nausea and vomiting, etc.—are frequent. The ordinary case of this condition begins with retching and vomiting. It is an agonizing retching. The vomiting is peculiar, incessant and affording no relief. In only four of the cases analyzed was neither symptom present. In a few cases there was a bloody vomitus. Fecal vomiting was comparatively frequent. Constipation is an especially important symptom. The constipation is complete and is due to a paralysis of the bowel wall. This paralysis when it passes away is followed by an uncontrollable diarrhea. The diarrhea may also occur early in the trouble on account of severe purging. In cases with fever, while the temperature is up, the leucocytes may rise to from 15,000 to 30,000. Glycosuria is an interesting feature. This seldom occurs in the records. In reality it is not rare where the urine is examined early. To explain this it is only necessary to recall that Flexner has shown that any injury to the pancreas is followed by a temporary glycosuria that disappears in from four to six days, although the lesion is severe and lasting. It is supposed that nearly all cases would show glycosuria if the urine were examined early enough. In one group of cases the glycosuria develops slowly after the first week, when a permanent glycosuria—a true diabetes—usually ensues. Cases that do not die may result in gangrene or abscess. In gangrene there are the same symptoms as in acute pancreatitis, with severe diarrhea and a high leucocyte count. In abscess it is interesting that the abscess will float, while sugar in the urine is infrequent.

Chronic interstitial pancreatitis is commonly due to infections up through the ducts. There are no recognizable symptoms. It may be extreme without diabetes, for, as Opie has shown, the islands may be preserved. Atrophy of the pancreas may follow occlusion of the ducts by stones. In some cases there is glycosuria, in many there is no glycosuria. In many the stools are normal, although no juice reaches the intestine and the patient may show no gastric symptoms. In explanation of this latter condition several theories have been advanced—one, that there is an accessory pancreas; another, that there is a vicarious action of the intestinal wall; or, again, that what was an external secretion may become an internal secretion. These factors may or may not be so, but it is of interest to note that many cases need have no glycosuria and no intestinal features.

A question of interest is why fatty stools are so infrequent in pancreatic disease. The main factor in fatty stools seems to be the condition of the bowel wall. The wall may be no longer able to absorb the fat. In 1832 Bright showed that if you measure carefully the ingestion as well as the output of fat, there are some patients who void more fat than they take in. Perhaps here the fat is no longer used in the body, but is eliminated like sugar in glycosuria. In most of these cases you have disease of the bowel wall or of the lymphatics of the bowel wall, as in *tabes mesenterica*.

DISCUSSION.

Dr. Finney: I first found distention of the duodenum upon opening the abdomen for supposed ulcer of the stomach. I found nothing except a dilated duodenum. I performed a gastroenterostomy, but this did not help. The patient was not relieved. Lately in these cases we have been doing nothing but closing up the abdomen. I have seen 8 or 10 cases since, and Mayo, Munro, Robson and Moynihan report cases. The clinical history of

this condition is very like that in gastric neurosis. The nervous element is well marked, but there does seem to be hypersecretion. After having met with several one can recognize a majority of the cases, but you can never be perfectly certain of the diagnosis.

The question of acute pancreatitis has many interesting points, especially in private practice. In the vast majority of cases the picture is one that at first suggests intestinal obstruction. I can remember five cases that I at first diagnosed acute intestinal obstruction. The thing that personally attracts my attention is the tremendous depression of the patient, which is out of all proportion to the other symptoms. This is also accompanied by marked cyanosis.

In two cases of gangrene of the pancreas I have removed apparently the whole of the pancreas. Both cases are well today and are enjoying apparently excellent health.

The question of cancer of the pancreas is extremely interesting. The diagnosis is hardly ever made until operation. What impresses one is the absence of clinical symptoms. The patients begin to go down hill, and that is all. There may be, too, slight distress that is referred to the gall-bladder and stomach. In these cases I have been able to do nothing except in those that are associated with intense jaundice.

Book Reviews.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Specially Prepared Original Articles. Volume IV, Seventeenth Series, 1907. Edited by W. T. Longcope. Pp. 292. Philadelphia and London: J. B. Lippincott Company. 1907.

The International Clinics are too well known to all medical readers to require special commendation. The 30 articles in this volume are, in the main, quite well selected and make a collection which may be read with both pleasure and profit.

In general, the articles upon treatment seem to have been the most carefully selected. J. N. Henry has an excellent conservative article upon the treatment of tetanus by intraspinal injections of magnesium sulphate based on four cases, in which it appeared that the treatment lessened the subjective symptoms and perhaps in some cases hastened recovery, but did not prevent three out of the four from dying! The author concludes merely that it is the best means at present available for lessening symptoms, and may perhaps delay the latter until antitetanus serum might have some effect, but adds that the injections are easily pushed to the limit of the harmful. A. S. Warthin contributes an excellent review of "Roentgen Irradiation vs. Arsenic Administration in Leukemia," in which it appears that though neither is curative, the former when carefully used prolongs life and favors temporary improvements more than the latter, and constitutes the best method of treatment now at our disposal.

P. Emile Weil of Paris reports upon the use of injections of fresh blood serum in various purpuric states, claiming absolute cessation of symptoms over periods of several months after single intravenous injections of 10 to

15 c. c. of either human, rabbit, horse or bovine serum in four cases of hemophilia, phronic purpura and purpura in pernicious anemia. The favorable action of an individual serum may be prophesied from the acceleration of coagulation when added to the patient's blood in vitro. Bovine serum, though most active, is also productive of most unpleasant symptoms.

A Chantemesse of Paris reports "Five Years' Experience With an Antityphoid Serum." Used in 712 cases, with 27 deaths, a mortality of 3.7 per cent. during a period of five years when the mortality in 3595 cases in the other hospitals of Paris was 753 cases, or 17.3 per cent. While it is possible that Chantemesse's hospital, situated in the suburbs of Paris, may have been too far away to have received the most severe cases, these statistics are very remarkable. The published charts are also very striking, showing usually rapid decline of temperature and improvement after the injection. (The reviewer notes a considerable discrepancy between these charts and a large number of quite slow defervescences which he has seen in Chantemesse's wards.) Of the 712 cases only 9 had perforations!

Of the articles on general diagnosis, etc., Hewlett's article on "Some Common Cardiac Anhythenias" is undoubtedly the best. Hewlett divides anhythenias into (1) respiratory irregularities, (2) extrasystoles, (3) absolutely irregular pulse (with auricular paralysis), which he differentiates by the usual method of the venous pulse. Although it is quite probable that (3) is only a variety of (2), the article is clearly written and quite valuable. Digitalis is of value in (2), does not cause regularity in (3), though may increase heart strength, and is not required in (1).

The X-ray studies of gastropnoxis by H. K. Pancoast are interesting and his figures valuable, though the article is far from being the first on the subject.

Many of the other articles are, however, far below the standard of those above mentioned and might easily have been dispensed with.

A TEXTBOOK OF MINOR SURGERY. By Edward Milton Foote, A.M., M.D.
New York: D. Appleton & Co. 1908. Price \$5.

Just what is meant by minor surgery is not clear. Carl Beck in his manual on "Surgical Asepsis" says, there is no minor surgery. Our State society defines minor surgical operations as those usually performed in the office without a general anesthetic and without assistants. In former years the curriculum of all medical schools included a special course in minor surgery in connection with instruction in bandaging, given, as a rule, by a young assistant surgeon. Nowadays this course is not advertised as such, but forms part of the regular teaching of surgery in the dispensary, where treatment of ambulatory patients gives opportunity for many operations, the after-treatment of which does not require residence in the hospital.

This is the kind of surgery taught in the book under review. It is pleasing to note that it is a large book (750 pages), with original illustrations. Most books on minor surgery are minor books, sparsely illustrated with borrowed pictures.

The arrangement of the material in the book seems awkward. For example, the diseases of the breast are scattered, other matter intervening. The consideration of extragenital chancre is 160 pages away from the same

lesion on the penis, and this, in turn, 40 pages from syphilis of the female genitalia.

The pathology of tumors of the skin is hazy. It is not the usual teaching that a mole is a congenital pigmented fibroma. The treatment recommended, however, is the proper one—excision. The warning against caustics, etc., should be more emphatic. Epithelial tumors of the skin are not classified, and in advising treatment by other methods than excision no distinction is made between the slightly malignant basal-cell tumor and the highly malignant spinous-cell variety.

Breast tumors are hardly to be considered as part of minor surgery. It is true that removal of cysts or benign solid tumors is a small operation, but if the diagnosis is not absolute this should never be attempted unless provision is made for an immediate, complete Halsted operation in case cancer is found. The assistance of a pathologist and frozen sections at the time of operation is advised in the chapter on solid tumors of the breast. It is better to learn to recognize the naked-eye appearance of these tumors. The advice in doubtful cases to remove a piece of tissue for examination is dangerous. Very often patients are deprived of an opportunity for cure from the spread of cancer by such cuts into the tumor.

No mention is made of Bier's hyperemia. This method of treatment is so useful in infections, etc., and is so well adapted for office and dispensary treatment, that a chapter on the subject would be a valuable addition to the book.

These are the few points to be criticised among the great number to be praised. Considered as an entirety, the book is a very good one, useful, and filling a vacant place in the list of works on surgery for the general practitioner. The author is to be complimented on the success of his endeavor to apply to the less serious every-day problems the new knowledge of the last 25 years.

MOVABLE KIDNEY AND OTHER DISPLACEMENTS AND MALFORMATIONS. By David Newman, M.D., Glasgow. London: Longmans, Green & Co.

In the 230 pages of this attractive volume the author, a well-known authority on kidney diseases, presents us with a thoughtful review of the subjects just named, first in their medical and then in their surgical aspect. The practitioner will find the book pleasant to read, clear in its presentation of corrective appliances, broad in its judgments and replete with illustrative clinical cases from the author's records. Twenty-five cuts, elucidating anatomical conditions, are given. It is one of the books that rest the eye and the mind in a leisure hour, while giving the latest information, scientifically, on the subjects treated.

MATERNITY. By Henry D. Fry, M.D., Sc.D. New York: Neale Publishing Co. Price \$1.50.

This little octavo volume comes very near, in our opinion, to the ideal handbook for an expectant mother. Its chapters are short and full of timely information, in simple terms, on short topics related to girlhood as anticipating motherhood, to motherhood itself and to motherly duties toward the little child. The book is so near to the book we ourselves would like to

write for a "mother's gift" that we venture to ask that in future editions two of our own thoughts be adopted. One is that the influence of cold in the causation of colic be considered. In this day of peek-a-boos the number of babies who are not kept warm enough for normal digestion is sure to be increased. The other is that the author should rewrite his first (historical) chapter, making it a chapter on the social influence of motherhood or some such theme, cutting out the history and avoiding all reference to childbed death and depressing things in general. In this day of race selfishness it takes courage in a girl to face maternity, and she needs all the cheer she can get. She should be made to feel the greatness and sacredness and joy of her chosen calling.

BOOKS RECEIVED.

WHY WORRY. By George L. Walton, M.D. Philadelphia: J. B. Lippincott Company. Price \$1 net.

TRANSACTIONS OF THE AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Vol. XI, 1907. Published for the Society by the Grafton Press, New York.

CONTRIBUTIONS TO THE SCIENCE OF MEDICINE AND SURGERY BY THE FACULTY OF THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL, 1908. Henry T. Brooks, M.D., Editor. Published by the Directors.

INTERNATIONAL CLINICS. Edited by W. T. Longcope, M.D. Philadelphia: J. B. Lippincott Company. 1908.

ADENOMYOMA OF THE UTERUS. By Thomas Stephen Cullen. Philadelphia: W. B. Saunders Company. 1908. Price \$6.50.

GYNECOLOGY AND ABDOMINAL SURGERY. Edited by Howard Kelly, M.D., F.R.C.S., Baltimore, and Charles P. Noble, M.D., Philadelphia. Philadelphia: W. B. Saunders Company. 1908. Price \$8.

BIER'S HYPEREMIC TREATMENT. By Willy Meyer, M.D., and Prof. D. Victor Schmieden. Philadelphia: W. B. Saunders Company. 1908.

GOLDEN RULES OF DIETETICS. By A. L. Benedict, A.M., M.D., Buffalo. St. Louis: C. V. Mosby Publishing Co. 1908. Price \$3.

PAMPHLETS RECEIVED.

EPIPHYSEAL FRACTURE OF THE UPPER END OF THE HUMERUS. Two Cases Successfully Treated by a New Method. By Fred H. Albee, M.D. Reprinted from *The Post-Graduate* for June, 1908.

THE SYNSYTUM: ITS FUNCTIONS AND ITS RELATIONS TO THE TONEMIA OF PREGNANCY AND TO CANCER; PROBABILITY OF A PRIMAL OR UNIVERSAL ANTITOXIN. By George W. Wood, M.D. Reprinted from the *Washington Medical Annals*, July, 1908.

ARTHRITIS DEFORMANS OF THE HIP. By Fred H. Albee, M.D. Reprinted from the *Journal of the American Medical Association* June 13, 1908.

OXYGEN IN MEDICINE AND SURGERY. A Contribution, with Report of Cases. By William Seaman Bainbridge, A.M., Sc.D., M.D. Reprinted from the *New York State Journal of Medicine* June, 1908.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, AUGUST, 1908

LARGER MEDICAL LEGISLATION.

AT the recent banquet of the American Medical Editors' Association, held at the Auditorium Hotel, Chicago, on June 1, there sat in the place of honor three men in a remarkable way representative of the Newer Public Medicine. In the center was Dr. Charles A. L. Reed, chairman of the Committee on Medical Legislation of the American Medical Association, whose "indiscreet" report on the condition of the Panama Canal led to the reorganization of its control and to the wonderful new energy with which it is now being pushed to completion. On the left, Col. William C. Gorgas, who carried into effect the sanitary renovation of the Isthmus. On the right, our eminent Surgeon-General Walter Wyman of the U. S. P. H. and M. H. Service. The meeting marked thus a new era in public medicine, the entry of Medicine into the National political arena.

The fact is, modern life has become too large for the individual. He can no longer, as of old, meet its problems and master its difficulties single-handed. This is why in business the corporation is supplanting the merchant. In law, the partnership, subdividing its work and associating men of diverse gifts; possessing in itself, if not immortality, yet life beyond that of the individual. In religion the church has become too large in our great cities for a single overworked eminent pastor, and is conducted by a group of associates. In medicine the medical faculty, with its hospital and its reciprocal consultations, draws to its professors the cream of practice, forcing all but the strongest men either to join its staff or to relapse into obscurity.

In legislation the same thing is seen. The Senator of olden type, initiating his own measures and supporting them by the weight of his own individuality, is no longer seen there. In his

stead sit men, often, no doubt, of great astuteness, who represent great groups of citizens and speak as directed by those who sent them. Outside, in the halls, are lobbyists, who, for compensation, bring to the attention of senatorial leaders matters which else would, in the rush of bills, receive no consideration. Somewhere in a farther outside are political bosses, who, representing great multitudes of voters, determine the fate of all larger measures of legislation.

The lone legislator who represents merely his own ideas, with such public matters as may occasionally be brought to his benevolent care, is likely to vote in a minority of one, and probably never a single time in the session get anything done.

Much effort on the part of reformers toward purifying legislation has been spent in attempts to destroy this new system of work and to turn back the wheels of progress into the "good old ways." It has, however, begun to dawn on the minds of some reformers that this new system has come to stay—that reforms must be backed by as powerful aggregations and as perfect organizations as the evils which they undertake to combat. A mass of voters desiring to advance new public enterprises or to correct abuses must be well organized and must elect their own special representative—one of themselves—to the Legislature—a man of talent sufficient to command the respect of his fellow-legislators and of the party bosses.

Medical men have seldom any personal interests which cannot be attended to by the lay legislators of their district. But there are continually coming to the front matters concerning the welfare of the whole community which, through their sanitary bearings or otherwise, are best understood and appreciated by medical men. Heretofore it has been the custom to commit the care of such matters in the legislative halls to medical men who have chanced to sit there, having been elected without reference to medical needs. The sad results of this happy-go-lucky method in the past could be abundantly, and to overflowing, illustrated from numerous experiences. Measures of the most urgent public nature have year after year hung fire in spite of medical meetings and expensive delegations to urge them.

The inauguration of a new policy in this respect is foreshadowed by a movement planned for national halls by the American Medical Association. In this influential body of physicians, representing all States of America, there is a growing sentiment that, as the

largest organization of medical men and the natural custodian of medical interests, it ought to have its representative in Congress, elected through the combined efforts of the American profession, with personal talents and leisure necessary to secure the enactment of proper laws demanded by public and sanitary necessities.

For such a position it is believed that Dr. Reed would be eminently fitted. We need men of his type and power in Congress. There is every reason to believe that if he were brought forward, and if his supporters appealed to the physicians of the country, he would be placed in such authority that he could aid in a wise consideration by Congress of the great public medical problems which throng for attention in our modern civilization.

THE MEDICAL EDUCATION OF DENTISTS.

At the annual convention of the Virginia Dental Association, held in Richmond on July 14, a strong movement was inaugurated looking to the enactment of a law requiring all students of dentistry to take the full course now prescribed for graduates in medicine before admission to the practice of dentistry. In short, it is held that a dentist should in future be a member of the medical profession, practicing his profession as a specialist in dentistry. Whilst this movement in favor of the higher education of the dentist along the lines of the medical student is not a new one, it is an indication of a growing sentiment among dentists that they should be qualified for the work of the physician and should be recognized as specialists in oral surgery as a distinct branch of surgical work. It is claimed by the dental profession that the diseases of the oral cavity are largely influenced by constitutional conditions, and that the practitioner of dentistry should not be limited in his work to the mechanical treatment of the teeth, but that he should possess as wide a knowledge of disease and of scientific medicine as the oculist, the aurist and the laryngologist.

Whilst it is true that this view of dentistry has long been held by a number of dentists who have graduated in medicine before or soon after entering upon the practice of dentistry, the large majority of dentists have only the rudiments of a knowledge of general medicine. Many of these men are skillful workmen in dental practice, but fall short of the larger work in oral surgery which a medical training would give them.

The University of Maryland claims to be the first institution in

this country to have given a course of instruction in dentistry (1821).

Baltimore thus early became the center of education for dental students, and her dental schools have become the largest and most successful in America. The courses of instruction in these schools have been improved from year to year until their graduates have been raised to a high degree of proficiency in the science and practice of dentistry. As these dental schools are connected with the medical schools of this city, their students are taught the fundamental branches of the first and second year side by side with medical students. They obtain in this way a knowledge of anatomy, physiology, chemistry and materia medica; but at this point instruction in medicine ceases.

It is doubtful whether this limited knowledge of medical science is of any positive advantage to the practitioner of dentistry beyond the fact that it widens his culture and enlarges his view of scientific study. The clinical study of medicine and surgery, which belongs to the third and fourth years' work, has a practical bearing upon dentistry as a specialty of medicine. Cut out these important courses of training, and the dentist is limited in his educational preparation to the mechanical treatment of the teeth. The time is fast approaching when the courses of instruction in dentistry will be modified to meet the larger views and ambition of the dental profession. It may not be possible to make every dentist a graduate of medicine, but the number of M.D.'s engaged in the practice of dentistry will largely increase, and the oral specialist will have a distinct recognition side by side with other specialists. It is probable that specialism in the practice of dentistry now explains the tardy growth of the movement for the higher education of the dental student. The majority of men who practice dentistry are satisfied to limit their work to the extraction and filling of teeth, to crown and bridge work, and to fitting of artificial teeth, leaving the more scientific work in the oral cavity to the oral surgeon or to the general surgeon. Just how far dentistry and medicine should go hand in hand in the treatment of the oral cavity it is most difficult to decide. They meet at different points, but for the most part are widely separated. Many of our most skillful dentists know little or no medicine, a few have a theoretical knowledge, whilst a skillful oral surgeon is seldom met with. The movement proposed by the Dentists of Virginia is an ambitious one worthy of encouragement.

THE FACULTY BULLETIN.

THE *Bulletin of the Medical and Chirurgical Faculty* came almost unheralded upon the scene of action six months in advance of the legitimate time, perhaps for reasons best known to the projectors.

The initial number, though light, is altogether creditable in size, contour and make-up, the blue crash cover being particularly pleasing in tone and design.

An invidious comparison with first numbers of other organization journals, of which the *Bulletin* is the eighteenth in the line of descent, shows it to be the least pretentious in the amount of printed matter, but takes precedence over many in typography and other excellencies. As intimated by the editor, the contents can scarcely be considered a token of future numbers, owing to the state of unpreparedness under which the enterprise was started.

The editorial staff embraces three of the most energetic members of the society, whose services on the editorial and publishing committee of the Faculty section of the MARYLAND MEDICAL JOURNAL are well known to the entire membership.

With the assurance that the policy of the *Bulletin* as set forth in the introduction will be adhered to, our State Medical Society should profit through the co-operative agency of the two periodicals.

In view of the high standards announced by the management, we may confidently hope that the pages of the *Bulletin* will be kept entirely free from the spirit of vituperation. Of the official journals now published by the organized societies, only one has desecrated its sacred office by resort to Billingsgate.

It is matter of sincere regret that the first number of the *Bulletin* should have been the product of undue haste, as of all others it will receive the most critical attention. To this circumstance, perhaps, more than to any other, is due the extraordinary claims of the editor to pre-eminent virtue and precedence in the propaganda for "clean" journalism. A proper censorship would possibly have eliminated this tendency toward extravaganza, so common in academic journalism under the inspiration and enthusiasm of self-exaggerated importance.

The *Journal of the American Medical Association*, in commenting on the first issue of the

Bulletin, charitably passes over these extraordinary assumptions to immaculate distinction and very properly commends the high standards adopted. The MARYLAND MEDICAL JOURNAL would utter no word of disparagement, but from a sense of duty and privilege must solemnly protest against the "I am holier than thou" attitude, which so unhappily characterizes the declarations of policy throughout. It is unfortunate that the staff did not emulate the many good examples before them and start the *Bulletin* modestly on its career.

On page 12 the *Bulletin's* editor unwittingly places the Faculty in the embarrassing position of claiming honors for distinction which long have been accorded other State societies. We quote:

"It will be a pleasure to forward to the secretary of the A. M. A. this copy of the *Bulletin*, as a reply to his communication, and to place Maryland at the forefront, *the first State society to publish an absolutely clean organization journal.*"

It is a matter of common knowledge and abundant record that the official journal of the Pennsylvania Medical Society adopted the highest standards from the beginning, as will be seen from the following paragraphs from the June, 1897, number:

"The journal shall be called the *Pennsylvania Medical Journal*, and shall state on its title page that it is the official organ of the Medical Society of the State of Pennsylvania. All advertisements of secret or copyrighted medicinal preparations *shall forever be excluded from its pages.*

"The *Pennsylvania Medical Journal* comes before the profession under the most favorable and auspicious circumstances. It comes with clean hands and a promise to keep them clean. It comes as the official publication of the most powerful State society in the country. It comes as the accredited representative of a body that contains among its members many of the most eminent medical men in the world. It is a monthly journal of 48 reading pages, which will be mailed free of charge to every member in good standing of every county society in the State."

Reference to the files will show how well the *Journal* has maintained its standards, the highest ever adopted by an official State publication. The *Bulletin* must therefore yield the palm and

acknowledge priority by at least one full decade in the case of the official organ of the State of Pennsylvania, and by several years with other journals. For instance:

"Under the instructions of the House of Delegates of our association, we can accept advertisements of only medicinal preparations which have been approved by the Council on Pharmacy and Chemistry of the American Medical Association, and *we have adhered absolutely to this rule.*"

The above is from the editor of the *Kentucky Medical Journal*, who is one of the most valued workers in the Association, and who introduced the resolutions on State medical journal advertising, which the editor of the *Bulletin* quoted in full. Should not due honor also be accorded the Kentucky journal? Again:

"Advertisements of proprietary medicines will be accepted provided the preparations advertised have been approved by the Council on Pharmacy and Chemistry of the American Medical Association."

This paragraph is from the "Business Announcements" which regularly appear in *Colorado Medicine*, an official journal. The subjoined extract is from a letter by the editor of this journal:

"It is the policy of the journal (*Colorado Medicine*) to admit the advertising of only those preparations which have been approved by the Council."

That due credit may be given our many contemporaries who have stood firmly in the vanguard of reform these many years, yet free from boastfulness and vilification, we are pleased to call the attention of the editor of the *Bulletin* to the foregoing.

This statement also occurs on page 3 of the *Bulletin*:

"To insure the cleanly character of the new publication it was further provided by resolution that no advertisements of any proprietary or patent medicine that has not received the endorsement of the Council on Pharmacy and Chemistry of the American Medical Association shall be accepted. This is, we believe, the highest ground ever taken by any medical association. *It is only within the year that the Trustees of the A. M. A. applied such a rule to the national association's journal.*"

If the above italicized statement were true, then the Council could be justly charged

with the most arrant inconsistency and blatant hypocrisy in urging the State association journals to the advocacy of a reform which the national association journal could violate with impunity. The simple fact is, as the records will show, the Trustees of the American Medical Association applied the rule at the organization of the Council in February, 1905. The rule has been repeatedly urged since for adoption by the State organization journals, the last time at Chicago, but previously at Atlantic City in 1907. Hence the following claim seems rather presumptuous on the part of our contemporary (page 12):

"Naturally, the editor of this *Bulletin* takes some pride in the fact that the Faculty anticipated the recommendation" [in April, 1908!].

We believe that these unusual assumptions by the *Bulletin* were in no sense an intended reflection upon the honor and sincerity of other State journals, but are to be attributed rather to the hasty conditions under which the introductory number was prepared.

The JOURNAL would bespeak for the new venture "a charitable reception," and stands ready to extend a helping hand. Only those entrusted with the details of such an undertaking know the difficulties to be encountered and the devotion and expenditure necessary to stability and usefulness, and the Faculty will doubtless stand loyally by the new monthly throughout every vicissitude.

That the management recognizes the true aims and purposes of the undertaking is not to be doubted. However, a word of admonition may be profitably uttered at this point. It should be ever kept in view that the embodiments of "clean" journalism relate to other qualities than those which concern the proprietary preparations. There are ethics in business as well as in medicine. The *Bulletin* will have a material side as well as a scientific function to zealously guard against taints and tendencies. It is no aspersion to say that even in the pure innocence of childhood certain predilections are manifest.

The Councillors of the Faculty are to be commended in supplementing the financial resources for the maintenance of the *Bulletin*, even in view of the fact that the House of Delegates approved the undertaking on the condition that it would be conducted free of expense to the organization.

Now, let the Medical and Chirurgical Faculty

of Maryland lay hold of a real way of distinction, which is wide open for acceptance—namely, the publication of the *Bulletin* absolutely free and independent of advertising matter! No State has ever taken this high hold on the ethical standard. But it is the only true way to purity of purpose, and it is entirely practicable. It would mean but a dollar or more from the membership fee and place the enterprise entirely above the sordid taint of a commercialized literature. The present spectacle of useful members of our medical society scouring around in the business community in obtaining picayunish advertising contracts, possibly alienated from other journals, and which yield the paltry sum of a few hundred dollars, which should come direct from the Faculty funds, is not ennobling, to say the least. Is it not a travesty on ethical claims to commercialize as a material asset the prestige of our time-honored institution with its present possibilities for professional and public distinction through dilettante journalism?

May it not rightly be construed as a confession of moral and financial incapacity to proclaim high-born principles of ethical purity by the promoters of a new-born project while courting criticism and a suspicion of insincerity?

Better by far at this early stage to rescue the enterprise from the perils and imputations of commercial medical journalism, which must ever beset its pathway at every step.

Then, in the God-speed of the *Journal of the American Medical Association* we could heartily join, for the *Bulletin* would truly confer a valuable service to the physicians of Maryland.

THE JOURNAL AND THE FACULTY.

BEGINNING with July, 1905, the MARYLAND MEDICAL JOURNAL undertook the publication of the official transactions of the Medical and Chirurgical Faculty under the terms of an agreement effected through the Councillors of the State organization for a period of 18 months.

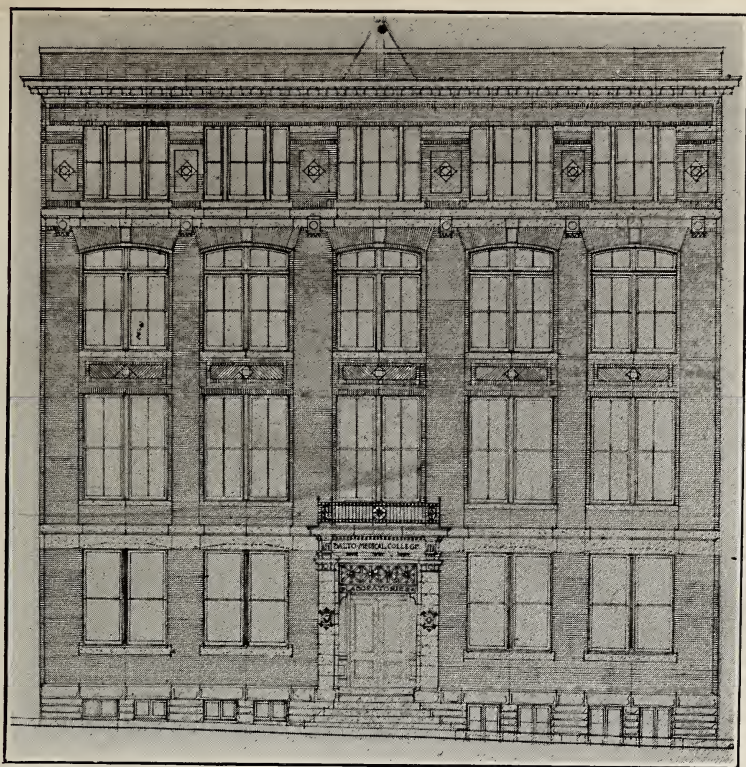
At the expiration of the time the Councillors renewed the proffer for an additional term of one year or more, at the option of the Medical Journal Company.

At a subsequent meeting of the JOURNAL board in November, 1907, however, it was decided not to continue these relations, agreeable as they were, beyond the month of December, 1908.

This action was prompted entirely by the belief that the JOURNAL could bestow a more eminent service to the Faculty and to the medical interests of the State in general through the free exercise of its functions in the broadest sense of its policy.

The JOURNAL management, from the very beginning of the publication, was committed to the associated medical matters of the State, as expressed by its title and ownership. The vested interests of the Company are almost exclusively in the hands of the active membership of the State association, and the periodical exists pre-eminently for the advancement of medical progress in Maryland. Every active committee in the make-up of the Medical and Chirurgical Faculty of Maryland embraces one or more members of the Medical Journal Company. The Company's list includes eight former presidents of the Faculty, three secretaries, and executive officers in all other departments. This co-operative interest in the Journal Company includes not only Baltimore city members, but representative medical men in almost all the county societies. Perpetuity and mutuality of interest, as well as professional control in the conduct of the JOURNAL, are thus assured for all time beyond peradventure. It is needless to state that no pecuniary profits have accrued to those who, through considerable personal sacrifice, have had the honor to demonstrate for the first time a stable journalism in Maryland, impelled only by the desire to hold aloft the standards of medical achievement in the amelioration and betterment of the conditions of morbid mankind.

THE MEDICAL JOURNAL COMPANY.



The New Baltimore Medical College Building

THE Faculty of the Baltimore Medical College, finding that the increase of classes has created a greater demand for hospital facilities and for clinical teaching, also that the increased growth of the Dental Department and the Baltimore Law School has made it imperative that more room be procured, purchased last fall a lot 50x230 feet on North Howard street, close to the present college buildings, and the Faculty has commissioned Mr. J. E. Lafferty to prepare plans for a new building which will be 60 feet front, 40 feet deep and four stories high. It will contain two lecture halls, a gymnasium, a law department with lecture hall, office and library, a chemical, pathological and histological laboratory. In the rear it will connect with a building 60x22 feet, which will contain a pathological museum, a medical library, a department of experimental animal surgery and minor rooms.

This building will relieve the congestion of the present college buildings, so that the dental department will be given increased laboratory space and new offices, the interne building will be converted into a nurses' home and a part of

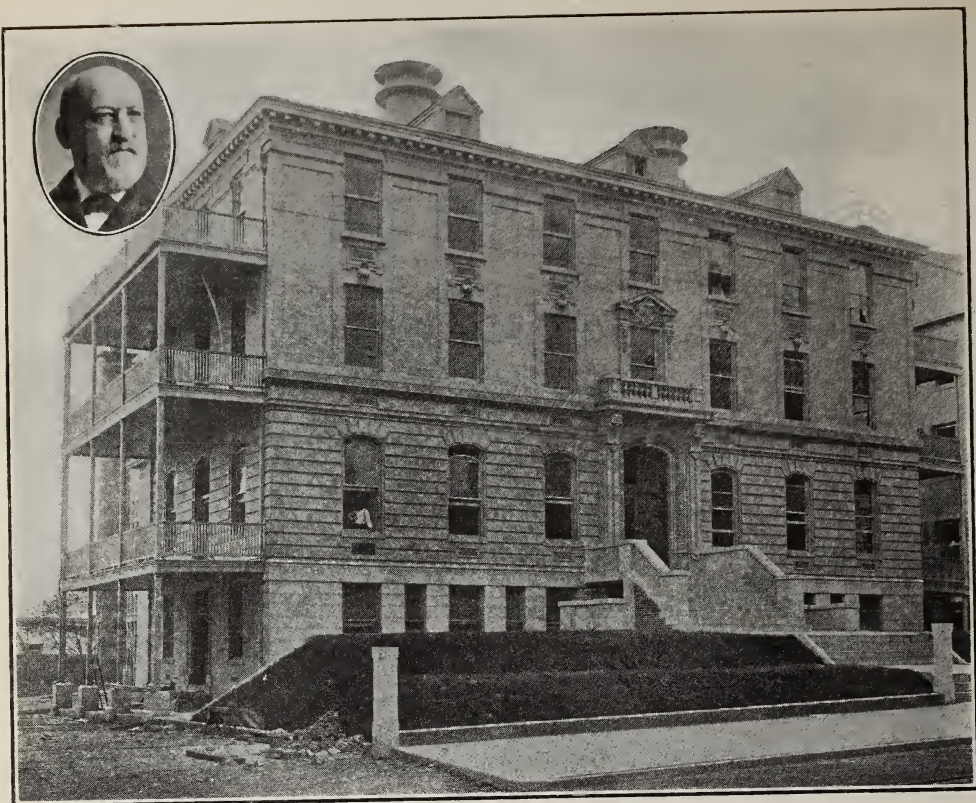
the present college building has been changed to accommodate operating, dressing and treatment and X-ray rooms; also new wards will be equipped and the accommodations of the hospital will be increased more than 60 beds, providing also a children's ward as well as adding a number of well-equipped private rooms.

The outlook for the coming year indicates that the present high standard of admittance has not decreased the number of students, but that the school will have larger classes than even in the past year in its several departments of law, medicine and dentistry.

The building will be constructed of Harvard brick, with limestone trimming, and while it has been so constructed as to provide greater lighting facilities, the architecture will be dignified and attractive. It will be equipped with electric light, gas and steam heat, toilets and all modern conveniences. The building committee expects to occupy the new building in the fall.

The total outlay for the improvements will reach about \$50,000.

The building committee is composed of Drs. G. Milton Linthicum, John H. Rowland, S. K. Merrick and Wm. E. Moseley.



The Samuel Leon Frank Memorial Hospital

AN event of importance to local medical interests and to the community at large will take place soon in the dedication of the Samuel Leon Frank Memorial Hospital and the additional hospital buildings connected with the same, erected by the Hebrew Hospital and Asylum Association on their grounds facing Monument street, extending to Madison.

The late president, Dr. Samuel L. Frank, was elected director and chairman of the medical advisory committee in 1885. During his incumbency as president Dr. Frank persistently urged the erection of a new up-to-date hospital, and offered a handsome donation for that purpose.

After his death his widow offered the sum of \$84,000 for the erection of the memorial. The offer was accepted by the association, and steps taken to carry out the trust at once. As a preliminary it was decided to erect a modern structure in every respect. The amount donated not being sufficient, the president, Dr. Harry Adler, called an extra meeting of the association, at which authority was given to the direct-

ors to obtain any additional amount needed by loan or otherwise.

For the past few years the hospital has extended to physicians in good standing not on the staff the privilege of having complete charge of their patients when admitted to the private rooms.

A physician is appointed each year to the outdoor department, whose duty is to visit patients in their homes and render medical aid when necessary.

The house staff consists of four physicians, appointed for the term of one year, subject to reappointment.

The training school for nurses, established about two years ago, and now in a flourishing condition, will admit pupils within the next few months, which will render it possible to properly care for the increased number of patients.

A scholarship has been founded in the name of Dr. Samuel Leon Frank by his widow at the University of Maryland. The Frank scholarship is applicable to impecunious two-, three- or four-year students in good standing.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

WASHINGTON, D. C., SEPTEMBER 21 TO OCTOBER 12, 1908

Chairmen of Sections

DR. WM. H. WELCH
Pathology and Bacteriology

DR. VINCENT Y. BOWDITCH
Hospitals, Sanatoria and Dispensaries

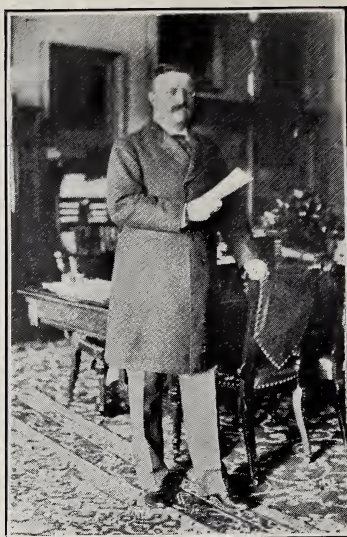
DR. CHARLES H. MAYO
Surgery and Orthopedics

DR. ABRAHAM JACOBI
Tuberculosis in Children

MR. EDWARD T. DEVINE
Hygienic, Social, Industrial
and Economic Aspects of Tuberculosis

Surg.-Gen. WALTER WYMAN
State and Municipal Control
of Tuberculosis

DR. LEONARD PEARSON
Tuberculosis in Animals
and Its Relation to Man



—Photo by Clinedinst

THEODORE ROOSEVELT
President of the Congress

From the President's Acceptance

"The International Congress on Tuberculosis is in the interest of universal peace. By joining in such a warfare against a common foe the peoples of the world are brought closer together and made to better realize the brotherhood of man, for a united interest against a common foe fosters universal friendship."



—Photo by Harris & Ewing

DR. JOHN S. FULTON
Secretary-General

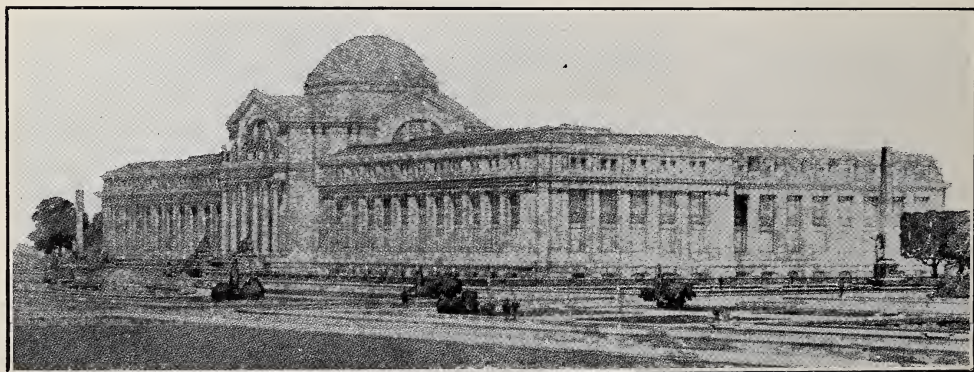
DR. EDWARD L. TRUDEAU
Honorary President

DR. LAWRENCE F. FLICK
Chairman
Central and Sub-Committees



—Photo by Rice

DR. HENRY G. BEYER
Exhibition



NEW NATIONAL MUSEUM
Rapidly Approaching Completion for the Assembling of the Congress

MARYLAND MEDICAL JOURNAL

A Journal of Medicine and Surgery

Vol. LI, No 9

BALTIMORE, SEPTEMBER, 1908

Whole No. 1084

THE TUBERCULOSIS CONGRESS.

By the Contributing Editor.

THE Problem of Evil, after vexing the minds of philosophers and scientists for ages, has been given up as insoluble, yet if one should count up the benefits to mankind which have been wrested from evil and whose acquisition has been directly the result of the battle with adversity he would undoubtedly feel that even the Problem of Evil had its mitigations and its possibilities of solution. What influence disease has had in binding together the members of the human race and in counteracting the tendency to selfishness, which would have made this earth the abode of unthinkable cruelty, has never yet been computed, but that disease should be a prime factor in promoting international peace and good-fellowship upon earth is a surprise which has been reserved for this twentieth century.

Such thoughts necessarily arise as we peruse the announcements of the coming International Congress on Tuberculosis, which is to be held at Washington from September 21 to October 12 of the present autumn. There have been congresses on tuberculosis for many years, some of them claiming the title international; the present Congress is doubtless greater and more far-reaching in its scope than any of its predecessors. More than 4000 delegates are expected, from every civilized nation of the earth, England alone promising 250. The Congress is to be held in the new National Museum in Washington, and the exhibitions forwarded by foreign countries will occupy a portion of the same building. This great Congress marks undoubtedly a new era of advance in the assault upon that great white plague, which from the beginning of history has shown itself the most deadly enemy of mankind.

To Marylanders especially the Congress will be very welcome at this time, when so earnest an attempt is being made by individual physicians and by State and city officials to solve the problem of the care of the tuberculous and of the prevention of new

infection. Baltimore city is preparing a very extensive exhibit of the work of its health officials in the tuberculosis crusade, and has great hope that its exhibit will win one of the prizes of the Congress. The distribution of tuberculosis in the city will be illustrated by an elaborate series of maps showing the location of the 1500 deaths which occur here every year from it. Various forms of apparatus used for the prevention of the spread of the disease will be exhibited, with methods of fumigation and framed copies of the health laws. Nor is the State as a whole wanting in participation. The secretary-general of the Congress, who has had a very prominent part in the planning of its details, is Dr. John S. Fulton, former secretary of our State Board of Health, under whose able care Maryland has in recent years worked out a program for the prevention and relief of the disease which has no superior in America, including the education of the medical profession, the education of the public, two State commissions of investigation, the State association for the prevention and relief of tuberculosis, four tuberculosis dispensaries, several special nurses; and laws of the most advanced character concerning the scourge, preventing spitting in public places, regulating tenements, providing for compulsory disinfection. The State has now a fine sanitarium for the care of incipient cases in the mountains and has given large appropriations to the sanitarium at Eudowood. While Baltimore has been the pioneer in this work, other cities and towns in the State have likewise begun to take an active part in the fight against disease.

Of special interest to our city is the entertainment which is to be given here on the 5th of October to the foreign delegates of the Congress. This includes a morning reception to the delegates at the City Hall, an address of welcome by Mayor Mahool, a tour of inspection by automobiles to the various hospitals of the city and other points of interest. At noon they will reach the Johns Hopkins Medical School and Hospital and will inspect the systems in use in these institutions. After lunch the automobiles will make a suburban trip to Eudowood Hospital, which will be inspected, with perhaps a formal opening of the new department there for advanced cases of tuberculosis, built through the benevolence of Mr. Bloede and others. On returning the delegates will be entertained by Dr. Henry Barton Jacobs at his country home. In the evening there will be a public lecture on some phase of tuberculosis in McCoy Hall by Dr. Landouzy, the noted tuberculosis expert of the University of Paris.

In Washington the program of the Congress will include two plenary sessions—one on Monday, September 28, at which it is hoped President Roosevelt will preside, and the other probably on Saturday, October 3. Each of the seven sections into which the Congress is divided will hold two sessions daily, except on the dates of the plenary sessions. In connection with the Congress a series of lectures is to be given in Washington and in other cities

by distinguished foreigners. A list of these lectures is given below:

SECTION I—DR. WILLIAM H. WELCH, *President*.

Titles of Papers on Tuberculosis:

MILTON J. ROSENAU, Washington, D. C.: "Viability of Bacillus."

VACTOR C. VAUGHAN, Ann Arbor: "Proteids of the Bacillus."

JOHN WEINZERL, Seattle: "Action of Light on Bacillus."

DWIGHT M. LEWIS, New Haven: "Morphology of Bacillus."

S. ARLOING and PAUL COURMONT, Lyons (French): "New Homogeneous Cultures of Bacillus."

J. N. DAVALOS and J. CARTAYA, Havana: "Human and Bovine Bacillus."

A. RODET, Montpellier (French): "Virulence of Lung Bacillus."

A. PARKER HITCHENS, Glen Olden, Pa.: "Safety Chamber for Handling Dried Bacilli."

N. PH. TENDELOO, Leyden: "Channels of Infection."

JULIUS BARTELL, Vienna (German): (1) "Portals for Tuberculosis;" (2) "Immunity Studies."

G. KUSS, Agincourt (French): "Sources and Ways of Infection."

S. BERNHEIM, Paris (French): (1) "Ports of Entry;" (2) "Relation of Air to Contagion."

ALFRED F. HESS, New York: "Tuberculous City Milk."

JULES COURMONT and A. LESIEUR, Lyons (French): (1) "Skin Inoculations;" (2) "Immunity Studies."

A. B. MARFAN, Paris (French): "Immunity of Man."

Y. ISHIGAMI, Osaka, Japan: "Tuberculo-Toxoidin and Immunization Serum."

EUGENE L. OPIE, New York: "Enzymes in Lesions."

ALDRED S. WARTHIN, Ann Arbor: "Hyaline Mesenteric Gland Deposit and Healing."

S. ARLOING, Lyons (French): "Pathological Anatomy of Infection."

JOHN MCCRAE, Montreal: "Incidence in One Thousand Autopsies."

A. R. LANDRY, Montreal: "Fourteen Hundred Chronic Pleurisy Autopsies."

LEON BARNARD, Paris (French): "Non-follicular Lesions."

R. TRIPIER, Lyons (French): "Pneumonia in Tuberculosis."

J. PAVIOT, Lyons (French): "Anatomy of Early Hemorrhage."

JOSEPH WALCH and C. M. MONTGOMERY, Philadelphia: "Kidneys in Lung Tuberculosis."

D. J. MCCARTHY, Philadelphia: "Spinal Meningeal Tuberculosis."

J. T. ULLOM, Philadelphia: "Tubercular Liver."

WALTER ALTSCHUL, Prague (German): "Peritoneal Tuberculosis."

CHARLES ESMONET, Puy de Dom (French): "Experimental Testicular Tuberculosis."

O. AMREIN, Arosa, Switzerland: "Toxic Multiple Periostitis and Adipositis."

PAUL COURMONT, Lyons (French): "Tuberculous Exsudants."

CAMILLO CALLEJA, Valladolid, Spain (*not given*).

ALFRED C. CROFTON, Chicago: "The Calcium Metabolism in Tuberculosis."

Members of the Congress on Tuberculosis will deliver special lectures as follows:

Washington, October 3.—"Tuberculosis in Domestic Animals and Mān." Bernard Bang, Copenhagen.

Philadelphia, September 26.—"Early Diagnosis of Tuberculosis" (French). A. Calmette, Lille.

Washington, October 2.—"Tuberculosis in Argentina" (Spanish). Emille Coni, Buenos Ayres.

Washington, September 29.—"Causes of Decline in Death-Rate as Indications for Future Prevention of Tuberculosis." Arthur Newsholme, Brighton.

Philadelphia, September 24.—"Social Life and Tuberculosis." Gotthold Pannwitz, Berlin.

Boston, October 6.—"Co-ordination of Preventive Measures." R. W. Philip, Edinburgh.

Boston, October 7.—C. H. Spronck, Utrecht (*no title*).

New York, October 9.—"Tuberculosis of Heart, Blood and Lymph Vessels." Andres Martinez Vargas, Barcelona.

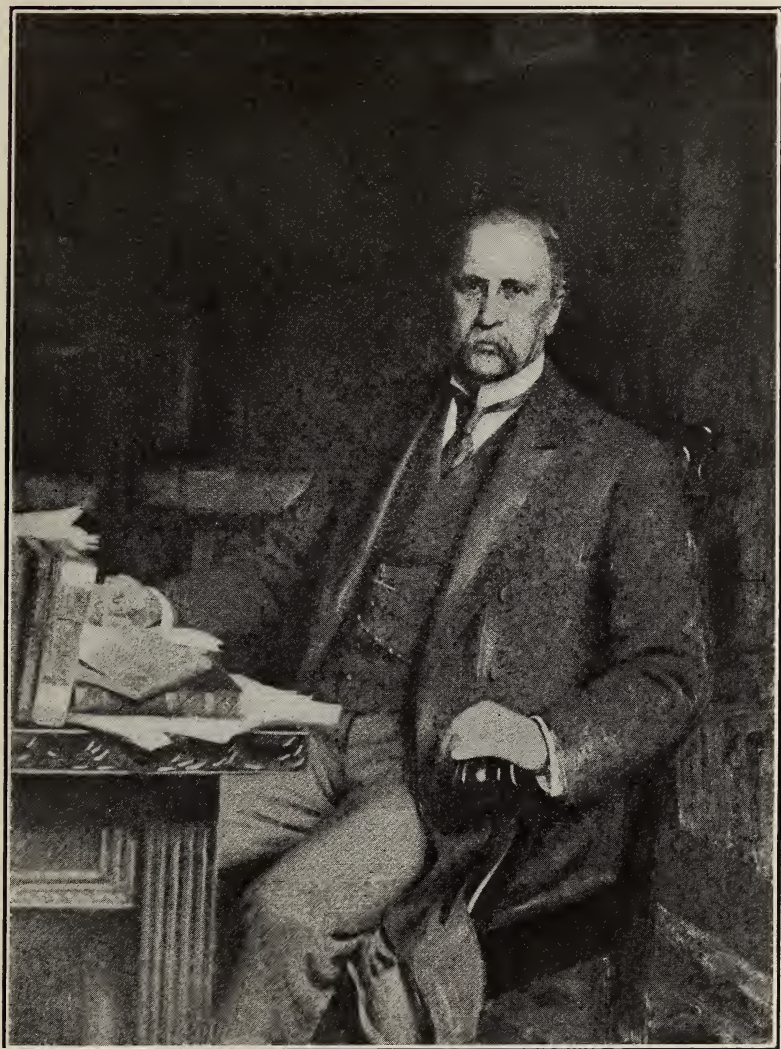
Philadelphia, September 25.—"Evolution of Treatment of Pulmonary Tuberculosis." Theodore Williams, London.

Washington, September 30.—"Prevention by Better Housing in Cities" (French). Dr. Maurice Letulle and M. Augustin Rey (joint lecture).

Baltimore, October 5.—R. L. Landauzy, Paris (*no title*).

Washington, September 28.—"Biology of the Bacillus." Dr. A. A. Wladimiroff, St. Petersburg.

City and date not given—"Collateral Tuberculosis Inflammation." N. Ph. Tendeloo, Leyden.



WILLIAM OSLER

The Official Representative of the University of Oxford at the
International Congress on Tuberculosis

[Photographic reproduction of the recently completed portrait by Artist Corner, presented to the Faculty in lieu of the original production by the same artist, who regards this portrait superior to the other in tone and character. The portrait was repainted entirely at the artist's own suggestion.]

EDITORIAL ANNOUNCEMENT

A SERIES OF ARTICLES
ON
PSYCHIATRY IN MARYLAND
WILL BEGIN WITH THE
OCTOBER JOURNAL

Progress in the Treatment of the Insane Will be Noted by a
Consideration of the Work of the Respective
Institutions in the State:

MARYLAND HOSPITAL FOR THE INSANE
(Spring Grove Asylum)

MOUNT HOPE RETREAT

SHEPPARD AND ENOCH PRATT HOSPITAL

BAY VIEW ASYLUM

SPRINGFIELD STATE HOSPITAL FOR THE INSANE

PHIPPS PSYCHIATRIC CLINIC
(of the Johns Hopkins Hospital)

Mention will also be made of the training of the feeble-
minded and the care of epileptics.

ON the threshold of a new era of psychiatry in our State it is fitting that we should pause and consider the present status of this branch of the healing art and the progress which it has made in the last generation. We plan therefore to give our readers first a brief résumé of the subject in general and then in succeeding issues a number of condensed reviews of the advanced work on the study and care of insanity which has been done in each of our great hospitals and of the men who have been leaders in this work.

Among the pioneers in psychiatry in Maryland none has a more honored name than Dr. Richard Sprigg Steuart, the father of the late Dr. James A. Steuart, for so many years Health Officer of Baltimore. A full account of his life-long labors in the interest

of the insane of our community would fill a volume. We shall give a few brief notes concerning his work in our forthcoming sketch of the Spring Grove Hospital.

Another who spent many years in devoted study of this subject, and the genuineness of whose enthusiasm is proven by the continuance of his sons in the same noble work, is the late Dr. Richard Gundry, for so long in charge of Spring Grove Hospital. The late Dr. Rohé, following in the footsteps of Dr. Gundry in the same hospital, won for himself in his brief career as an alienist a worthy name among those who have sought to apply advanced modern therapeutic measures to this unfortunate class of patients.

In our list of prominent workers in behalf of the insane, whose careers are now closed, we record with much sorrow the name of the late Dr. George J. Preston, who in season and out of season championed the right of the helplessly diseased in mind to hospital care and proper housing.

In the place of these good men and true physicians to the mind there have now come forward many young and enthusiastic workers, known to us all, whose services to their fellow-men in this department of medicine will be mentioned in our series of articles on the hospitals in which they labor.

PUBLIC INTEREST.

The interest of the public in this great work has grown of late years with very commendable rapidity. Money has been freely appropriated in large sums for the equipment of State and city hospitals, larger and better furnished with modern therapeutic appliances for the treatment of mental diseases. The older hospitals and asylums have been rebuilt or greatly improved. Three years from now, according to the bill passed by the last Legislature, the great work of State care is to begin by gathering the insane from the county almshouses into new or enlarged State hospitals and asylums. This is an advance of the greatest moment and its continuance reflects signal honor on the members of the last Legislature. It is to be hoped that no political exigency will again interpose barriers to the accomplishment of this most needed work.

With the better equipment of our hospitals for the mentally diseased (and the disuse of the term "insane asylum") there is to be noted an increasing willingness on the part of the community to bring their friends and relatives who show mental disorder early to the expert alienist for advice or to provide for their admission into special hospitals for cure. This growth of popular confidence in psychiatry is necessarily followed by a greater number of recoveries in incipient cases. The establishment of the Phipps Psychiatric Clinic for nervous and mental disorders in

connection with the Johns Hopkins Hospital will be attended by even better results in preventing mental disease from assuming chronicity.

THE DEPENDENT INSANE.

In the care of its dependent insane Maryland has heretofore been greatly deficient. In our own not very lengthy medical career we have witnessed scenes worthy of the dark ages of Europe. We have seen insane men and women in charge of the pauper insane. We have seen an insane woman tied to a post and dancing all day through the midsummer sun in delirium. We have received from an insane ward mistress in our daily round, in answer to our inquiry as to how the patients were doing, the laconic answer: "Well, Doctor, all I know is they is able for their rations." We have witnessed a hand-to-hand struggle in which an able-bodied attendant rained blows upon the head of an obstreperous insane patient. We are thankful to say that our medical experiences have not closed until such disgraceful scenes have become replaced by modern, up-to-date, humane care of these helpless dependents of the State. Some of our great State hospitals boast that they have neither bars nor locks, and are proving that under kindness, out-of-door exercise and scientific treatment the insane are quite as controllable as any other class of patients. At the present writing the great hospital which has laid most stress on non-restraint is in debt, but its debt is due to its wise foresight in providing equipment suited to the demands which are sure to be made upon it when the State shall take charge of its county insane. The principle of non-restraint is undoubtedly correct, and the State certainly owes to the insane any sums of money necessary to give them modern treatment and decent housing.

LITERARY ADVANCES.

In the literature of psychiatry Maryland has never been backward. What she is now doing may be seen by a visit to our medical library, on the shelves of which will be found two large and authoritative textbooks, Dr. Henry J. Berkley on Mental Diseases and Dr. Stewart Paton on Psychiatry, written by Baltimore men within the past 10 years.

THE NEW THERAPY.

This last and most interesting theory brings insanity again within the scope of interest of the general practitioner. If the brain action has been perverted by faulty and injurious habits of thought and by excessive or unwholesome emotional exercise, then a little reflection will lead us to the belief that by a retraining of the habits of thought and by a restoration of the habits of emotional control the intellect may perhaps be restored to its normal

activity. This places psychiatry also in close touch with modern practical psychology. It is asserted that by this retraining of habits of thought and self-control very remarkable cures have been obtained in certain cases of insanity. The most interesting claim of all, perhaps, is that chronic insanity is not beyond the reach of this new psychiatric method, but that some patients, at least, who were chronically and apparently hopelessly insane have been, through the wise application of this training method, restored to sanity. The percentages of cures in the earliest beginnings of mental aberration by this method in cases to which it is suited are so great that the whole subject of psychiatry seems to have taken on a new aspect of progress and hopefulness.

It is a misconception, according to Dr. Meyer, that mind cannot become diseased itself and that the study of the mental phenomena has a sense only for "symptomatology," but is of no further practical importance. In reaction to this simple view of mental disorders he has voiced a conception which involves a more practical use for the *mental* events. Dementia precox is induced by factors which could not be expressed in any other terms than terms of conduct and behavior, and only through the singling out of these fundamental elements of mental life can a useful psychology be shaped. He has pointed the way thus to a broader valuation of mental events and their possible rôle in the explanation of mental upsets. The constitutional makeup counts for a great deal, but there is much more to be found in the study of deterioration of the habits and undermining of instincts and their somatic components. The general principle is that many individuals cannot afford to count on unlimited elasticity in the habitual use of certain habits of adjustment; that instinct will be undermined by persistent misapplication, and that the maintenance of a delicate balance in the relationship between the mental and its material substratum must largely depend on the maintenance of sound instinct and reactions.

There are throughout this city many persons beset by morbid thoughts who live in dread of ultimate insanity and the insane asylum—a fear intensified, perhaps, by unfavorable family antecedents. To these unhappy individuals the new doctrine above stated will bring new hope, assuring them that by wise self-training and judicious occupation the mental processes can be retrained into health and the sick brain restored to former vigor. The work of the new Phipps Psychiatric Clinic of the Johns Hopkins, directed by such an ardent advocate of this new psychiatric doctrine as Dr. Meyer, promises to be of intense interest to all family physicians in the city.



ARTHUR P. HERRING, M.D.

Newly Elected Secretary, Maryland Lunacy Commission

OTHER MEMBERS OF THE COMMISSION

Henry M. Hurd, M.D.

Hugh H. Young, M.D.

John D. Blake, M.D.

R. Markley Black, M.D.

Attorney-General Isaac Lobe Strauss, ex-officio

OUTLINE POLICY OF THE COMMISSION.

THE State Lunacy Commission has an excellent opportunity to consummate the important work so ably begun by its former secretary, Dr. George J. Preston. As the Legislature is committed to State care in 1911, it remains for the Commission to see that everything is in readiness by that time. During the next two years every effort will be made to keep up an active interest in the care and treatment of the insane.

¶ First—By appealing to the profession through the medical journals.

¶ Second—By having those interested in psychiatry present attractive papers before the State and County medical societies.

¶ Third—By co-operating with the Committee on Public Instruction; several lectures of interest to the general public will be delivered by prominent alienists.

¶ Fourth—By the formation of a State Psychiatric Society, which will serve to bring in close personal touch all the members of various institutions interested in the care and treatment of the insane and feeble-minded.

¶ Fifth—A matter of great importance will be to interest the county members of the Faculty. This will be done by visiting the various county societies and presenting the subject in an attractive way.

¶ Sixth—Through the county members to reach each member of the next Legislature.

The plan, briefly, will be to inaugurate and energetically carry out an educational campaign among the profession, the public and the members of the Legislature, so that when the time is propitious for State care the plans will not miscarry.

TREND OF CURRENT PSYCHIATRY.

By Clarence B. Farrar, M.D.,

Sheppard and Enoch Pratt Hospital; Associate in Psychiatry, Johns Hopkins University;
Visiting Physician, Bayview Asylum.

IF there is one thing more than another which may be said to characterize and at the same time foster the revival of interest in that branch of medicine which Winslow was pleased to call the "Obscure Diseases of the Mind," it is the individual biologic method of dealing with mental cases.

Time was when alienation was looked upon either as a crime or as a visitation from another world, which often amounted to the same thing, and its treatment was the dungeon, chains, even rack and stake. A relic of these not ancient days still persists in our current legal procedure. Men are still haled before juries of laymen, *charged* with the offense of having lost their wits, and required, if they can, to prove their innocence to this jury of laymen, i. e., to obtain from men who have no knowledge of the pathology of the mind the verdict that they are mentally sound. But the whole idea of mental unsoundness, responsibility and crime has been undergoing a profound change. This change has been marked by a turning of the attention from object to subject, from the act to the person, from the effect to the cause.

The tendency toward a rational and prophylactic treatment of juvenile offenders, which has spread to include almost every State in the Union, is a proud exemplification of this change. Under the old régime the act of the youthful delinquent was a finished product known as a crime. The question was one of retribution, vengeance, an eye for an eye. The crime was punished, but it was the culprit who suffered. It was woe to him by whom offense cometh, without lessening by a jot the long run of offense.

Under the Juvenile Court system inaugurated in Chicago in 1898 the criminal act becomes simply the expression of the imperfect or unwholesome functioning of an individual human mind. The idea of right and wrong as crystallized entities falls into the background. The question is no longer one of *punishment*, but of *treatment*, and this, in turn, is a matter of probation. Unlike the penalty whose term or quantity is fixed in advance, the character and duration of the detention and treatment are made to depend upon the conditional progress of the individual case.

It is the application of this same individual method which promises most for the immediate future in psychiatry, which is so closely allied to criminology.

Mental science has passed through a clinico-symptomatologic, an anatomico-pathologic and a chemico-physiologic phase, and each has contributed something of solid achievement. But each of these phases has nevertheless only served to build out one of the external aspects of the subject. All of them represent really only so many different but correlated symptoms. Behind them the real process remains hidden. The appearances observed by the clini-

cian never tell the whole story. Among the commonest morbid mental manifestations are euphoria and emotional depression, psychomotor exaltation and inhibition, affect dulling, disorientation, stupor, fallacious sensation, clouding and para-association. All these symptoms may occur in the most diverse conditions; none of them is pathognomonic of a given disease; they occur in most varied combinations, and in given cases there frequently arise so-called "atypical symptoms," which cannot be explained upon any hypothesis whatever of an objective disease process, whether this be conceived clinically, chemically or pathologically.

But few mental diseases have hitherto been found to have a definable pathology. These are chiefly such diseases or abnormalities as are observed at the two ends of life, together with that dread malady of mid-life, paresis. In these various conditions we may have constant pathological pictures. Yet at most the chemical or pathologic findings are but co-symptoms; they do not elucidate the distorted psychic events. Paresis was the first mental disease to be established upon the basis of pathologic anatomy, and from this standpoint it still remains the best-known disorder of the mind. Its pathology is constant, but its clinique is as protean as possible. Beyond the fact that the element of defect is usually early discernable, accompanied by certain neurologic symptoms, paresis may strike during its course almost any or all the keys of the psychiatric gamut, without leaving any differential anatomic score. A dead brain cannot tell us the trend of the morbid thoughts, feelings and impulses it mediated during life.

We are thrown back, after all, upon the living mind of the individual patient. It may aid our study to consider him as one of a class—depression, stupor or what not. We gain a little by distinguishing primary from secondary or symptomatic disorders, a distinction made by Galen 1800 years ago. We advance by differentiating the few cases in which definite pathologic changes co-exist, even though the exact correlation of abnormal structure with abnormal function remains impossible.

All these circumstances may tell us the general forms and conditions under which mental symptoms develop; they cannot lay bare the genesis of a morbid fear or belief. It is here that the individual analytic method shows itself indispensable. Even in the most banal case of maniac excitement, in which the making of a diagnosis is easy, the accomplishment of that feat by no means clears up all the individual symptoms; while, on the other hand, an obscure case, in which the diagnosis hangs long in the balance, may eventually be satisfactorily understood, when all the personal or constitutional, possibly hereditary, elements have been properly accounted for.

The mind is less easily known than the body and more difficult of approach. Its individual variations are infinitely greater. All these must be measured anew in each case. The alienist requires a much more intimate acquaintance with his patient than is needful to the physician who treats him for an acute infection or a broken member. And this acquaintance can be acquired only

through a more or less prolonged contact, for it does not imply merely summing up the patient's general manner of reaction, or an estimate of his temperament and disposition; it means rather a painstaking penetration into the unfolding of his whole associational system during the years he has lived. We must know his genealogy, biography and geography, his biology and sociology, his theology and erotology.

Human life on both sides, psychic and physical, is full of disharmonies at best. In the strong man or under favorable conditions of existence, the harmonies of life may thrust the disharmonies into the background and keep them there. They remain, however, in each life the culture media of a psychotic potential, which favoring accidents, apparently the most trifling, may sometimes bring to baneful fruition.

Let me illustrate the significance of the individual method in a concrete case. A young woman of 25 was placed under observation on account of alleged and apparently motiveless suicidal tendencies. For 14 or 15 months previously she had seemed altered in disposition. She had lost interest in her accustomed occupations and pleasures and was inclined to inactivity and brooding. She was one of a merry family of girls comfortably provided for, was highly esteemed in her community, and no one appeared able to assign a cause for the sad and enduring change which had come over her. Her family gave assurance that there had been no undue responsibility or overwork, and no trouble which might have preyed on her mind.

She was seen by several physicians. Those who signed her commitment papers constated, "quiet, apathetic behavior," "delusions of persecution," "suicidal tendencies," "mild dementia." A provisional diagnosis of *hebephrenia* was made.

Objectively, there appeared to be a mild emotional depression of somewhat anomalous character. The patient expressed vague ideas of unworthiness, in having failed in the proper discharge of her home duties (unfounded). She declared also that she had always been misunderstood by her family. When asked for particulars concerning her assumed shortcomings, she was always absolutely unable to specify them, and if confronted with the inconsistency, would reply with a childish smile that she "didn't know," or "couldn't explain." She was inactive, without interest, her facial expression was for the most part vacant, suggesting the apathy of diminished psychic activity. She sat idly apart, without complaint, without seeking companionship. To salutation she replied promptly with an empty smile and a word, but made no spontaneous communication. If urged, she would mechanically do a little needle work, and did it well, although never persisting long at her task. There was apparently rather a lack of interest, and volitional impulse as such, than a primary psychic inhibition or retardation. Not infrequently the patient would lapse into a diffuse state of consciousness in which all connected thought processes seemed largely in abeyance. Her general attitude, facial relaxation and blank expression of the eyes furnished evidence

that the condition was not essentially one of introspective brooding and anxiety. If aroused from such a state she would admit that she could not remember having been thinking of anything particular. In a word, the depressive, autoaccusatory ideas to which the patient gave frequent expression seemed insufficiently accounted for both subjectively and objectively.

Clinically, therefore, the case at the beginning of observation was somewhat obscure, and the possibility of hebephrenia was still entertained.

The personal facts turned out to be as follows: From the age of 17 the patient had been virtually the head of the household. She was her father's secretary, and he had gradually turned over to her more and more responsibility until she was practically the sole manager of his business affairs. This in itself was not particularly a burden, but she was also the chief factor in the house-keeping. Her mother, a woman of severe religious views and a major hysteric from youth, was said to be of very critical and faultfinding disposition, often taking her daughter unduly to task if anything chanced to go wrong. Being naturally of a more serious temperament than her sisters, this repeated nagging and criticism fell particularly hard upon her; and having strong filial sentiments and a plus of conscientiousness, it is easy to see how she came gradually to distrust herself and feel she was incapable of doing things well and satisfactorily.

During all this time the patient had been receiving the attentions of a worthy young man, whose chief offense was the fact that he was not of her religious faith. The mother and her religious advisers were therefore his enemies. There was reason to believe that a close attachment existed between the young people, but the mother thwarted their meetings in every possible way, sometimes keeping her daughter under strict surveillance, making unfounded charges against the young man and declaring open hostility towards him. She was known not to speak to her daughter for two or three days at a time on discovering that she had been in this young man's company.

It is unnecessary to dilate upon the internal struggle to which the young woman was subjected. The soil was carefully prepared for the growth of morbid ideas of sin and unworthiness, and for the conviction that every normal inclining of the flesh must be suppressed as evil.

The patient, who was always of a delicate and anemic constitution and had suffered from protracted menstrual disorders, presented then, during her mental illness, a fair reflex of the unwholesome suggestions which had been pouring in upon her from her home life and the church over a period of years. They were focused and magnified in a psychosis. Indeed, some of her expressions which casual observation would set down as "delusions" were doubtless direct projections of previous actual impressions.

The case was evidently one of affect and psychomotor depression with an initial listlessness and apathy, and reflex autoaccusation. "Suicidal tendencies" were present truly enough, but there were no

"delusions of persecution," and no "mild dementia." The patient is now recovered.

CERTIFICATIONS OF INSANITY.

I should like to close with a few words on a subject already suggested by the above case, namely, the difficulties which confront the physician who is asked to certify that a patient is insane and should be deprived of his liberty.

"It was but last year a surjin came to me with one Jackson, a tailor, and said: 'Just sign a certificate for this man; his wife's mad.' 'Let me see her,' sid I. 'What for?' sis he, 'when her own husband applies.' 'Excuse me,' sis I, 'I'm not a bat. . . .' I went to see her; she was nairvous and excited. 'Oh, I know what you come about,' said she. 'But you are mistaken.' I questioned her kindly, and she told me her husband was a great trile t'her nairves. I refused to sign. On that disn't the tailor drown himself in the canal nixt day? He was the madman."*

This incident of fiction reappears under various forms in life, occasionally even today.

A drunkard's wife, undergoing the menopause, was taken to an asylum upon the certificates of two physicians that she was insane. She was a frail, hard-worked woman, worn out by child-bearing and the ill-treatment and abuse of a brutal husbabnd. He came home one day under the influence of liquor, offered to strangle his wife and kicked her across the room. She was seven months pregnant. Such facts as this were her "delusions of persecution." She stammered—a habit she had had from youth—and was somewhat nervous and tearful at being deprived of her children, from whom she had never before been separated. But there was no evidence of any psychosis, and the medical certificates were, to say the least, ill-advised. In a few weeks her husband called for her. Her mental condition was the same as on admission. He admitted, ill-treatment, and promised to take better care of his wife. A drunkard's promise.

A clergyman had his wife carried to a hospital under cover of night and with the moral support of a policeman, on the ground that she was "insanely jealous," and had taken her children and left his home. He was armed with the requisite medical certificates. Jealous she proved to be, and *plena cum causa*. Her "delusions" of unbecoming conduct, if not infidelity, were founded upon tangible facts, and her mental perturbation might be described as physiologic. Being the weaker vessel, she was simply the victim of the domestic maelstrom. She might with equal, if not, indeed, with greater, right and reason as facts subsequently learned bore evidence, have demanded certificates of the mental obliquity of her reverend husband. She was liberated at the end of a month on a writ of *habeas corpus*, and is now self-supporting, while her husband continues pruning in a distant vineyard.

A young man, unhappily married, fell in love with the wife of another. Elopement. A child of luxury, he was recognized from

*From Charles Reade's novel, "Hard Cash."

his youth as a somewhat unstable individual with magnified ego. His family taking umbrage at the scandal thus thrust upon them, by the authority of two physicians had him committed to a hospital as insane. He was alleged to be suffering with "paranoid delusional insanity." It could not, of course, be maintained that this young man was an entirely normal-minded individual. He was one of a class of which almost any community can furnish examples—a constitutional border case, with characteristics which were shared by his father and grandfather. But the point is that there was no evidence to show that he was more abnormal after his conjugal difficulties had come to an open issue than any time during the 30 odd years of his previous life, and to demand his confinement on the alleged grounds was manifestly an injustice as well as indefensible from clinical evidence. The judgment of "paranoid delusional insanity" was based upon insufficient and questionable data. If all the marital knights-*errant* are to be certified as lunatics, we shall have to set about multiplying by *n* the present hospital capacity of the country.

There is urgent need, as there always has been, of the most conscientious care on the part of physicians who are called upon to declare a man or woman *non compos mentis*, and evidence of this care is much too often missed in medical certificates.

There are three common sources of error in the obtaining of evidence upon which to base a judgment of insanity, and each of these should be carefully taken into account:

(1) The informant. It is obviously of service to know something of the history of the case, in conjunction with the personal examination, in order to arrive at a just conclusion, but it should be remembered that the informant may have interested motives; or, supposing him to be honest, that his report as a layman is likely to be very inaccurate as regards the presence or absence of given symptoms. "Irritability," "anger," "threats," "excitement," etc., have been assumed as symptoms for certification, when nothing could be positively demonstrated beyond an ordinary family belligerency, acute or chronic. "Delusions of persecution" is a favorite phrase, and it occurs now and then in the commitment papers of cases, the closest analysis of which fails to reveal any basis whatever for the statement. Morbid jealousy and delusions of marital infidelity certainly occur, and under well-known forms, but not every alleged delusion of this sort is purely the fabric of a disordered mind. Too often facts lie at the bottom—facts which are brought forward by the patient either as they are or variously adorned. Experience shows it to be a safe rule to accept neither the statement of the patient nor that of the informant on this head without verification. In a great many instances one gets the impression from the medical certificates that the personal examination required by law has been reduced to a trifling interview *pro forma*, that the physician had already had his mind made up for him by the report of the informant, and that he constructed his personal rea-

sons for believing the individual insane, largely or wholly from this second-hand material.

(2) An interview to determine a person's mental state usually takes place under unnatural conditions, which may obscure the actual facts. Naturally enough, perhaps, few people, sane or insane, relish having their mental health called into question. The consciousness that a physician, possibly an utter stranger, has been called in to make one out insane, may conceivably produce, according to temperaments, various reactions of irritability or opposition, which might be miscalled symptoms of a psychosis. On the other hand, it is possible that a person consciously endeavoring to prove his soundness might display a misleading trepidation or stage-fright. Medical artefacts certainly occur, and must be distinguished from clinical signs. Mathematic and other stereotyped "mental tests" are particularly unsafe. They have all the conditional unnaturalness of the psychologic experiment, and when thrust upon an individual said to be insane, their results must be taken with a very generous grain of salt, if at all.

(3) Assumed symptoms of alienation, from the viewpoint of the examining physician, may, in fact, represent the norm of the individual examined. An inquiry of lunacy in its legal relations usually refers to morbid *changes* alleged to have taken place in one's mental state, and recognizable as such. Constitutional traits, whether wholesome or not, should not be mistaken for acquired pathologic characteristics. This all-important item can only be determined by the individual analytic method with which we began this discussion. The limits of normality are elastic, and within these limits as great differences may possibly exist as between a sound mind and an unsound. To constate adequately a man's insanity we must know him sane. We must be able to reconstruct approximately his personal norm as our point of departure. Even then the question is often difficult enough.

PRELIMINARY REPORT OF A CASE OF RESUSCITATION OF THE HEART BY SUB- DIAPHRAGMATIC MASSAGE.

By Charles S. White, M.D.,

Associate in Surgery, Emergency Hospital, Washington, D. C.

THE possibility of re-establishing the function of heart muscle, after paralysis by chloroform, by massage has a practical application, and the reports of three successful cases by Igelsrud, Ch. Lenormant and Cohen were the basis for the attempt in the case reported below:

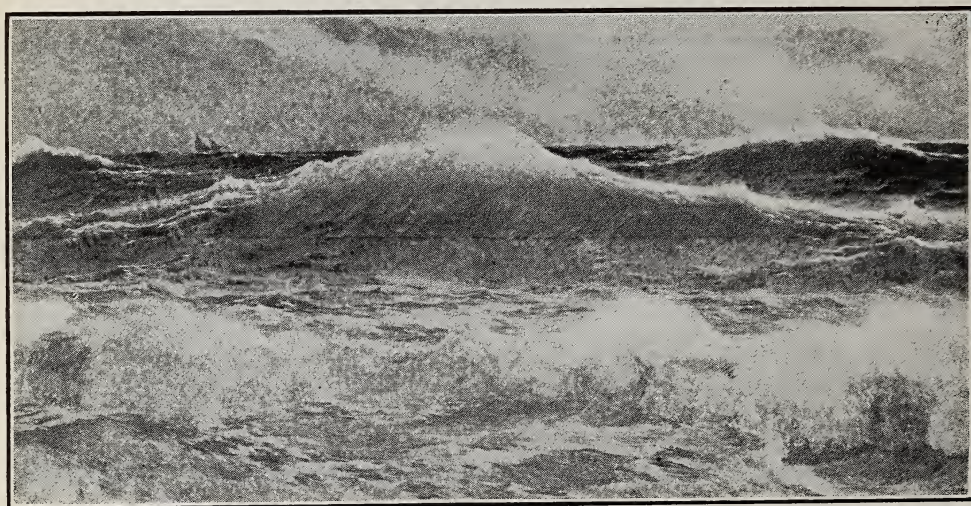
J. D., male, 12 years old; diagnosis, popliteal abscess following

infection of foot; one month duration. The heart sounds were normal. Chloroform had been administered 15 minutes when the patient was brought into the operating-room. The knee was carefully cleansed, consuming about 10 minutes. As the operation was about to proceed it was noticed that the child was not breathing. The anesthetic was stopped and *not* resumed later. The pupils were widely dilated, the color pale, not cyanotic. Pressure was made on the chest five or six times, but respiratory movements were not visible. The pulse could not be felt by the anesthetist. The patient was immediately placed in the Trendelenburg position, the tongue and jaw drawn forward, and artificial respiration practiced by the Laborde and Sylvester methods. Strychnia, gr. 1-40, was given hypodermically. These methods were kept up more than five minutes, actual time, though it seemed much longer, and at no stage could I or any other person present feel the pulse. Cocaine, 25 minims of a 2 per cent. solution, was given hypodermically.

At this juncture life seemed extinct and more heroic measures were thought justifiable. Accordingly the abdomen was opened from the ensiform cartilage to the umbilicus, and the hand inserted above the stomach and under the diaphragm. The heart could be easily felt through the flaccid partition. With the left hand on the thorax, over the heart, the fingers of the right hand compressed the heart about 25 times per minute. The sensation to the hand was similar to that imparted by a movable kidney.

After about one minute a feeble tremor could be felt. Strychnia, gr. 1-40, was given hypodermically at this time. The massage was continued, and very soon rhythmical pulsations could be felt against the fingers, and assistants then detected a feeble pulse at the radials. After seven minutes the apex beat was distinct and at the rate of 120 per minute. The abdominal wound was closed, the abscess opened and drained, and the leg placed in plaster. The operation was completed at 1 P. M.

At 2 P. M. the patient had a convulsion, lasting not over a minute, tonic in nature. This was repeated at 3, and at 5 he vomited and at the same time had a mild spasm. The convulsions were very much of the strychnia type, any little irritation setting up rigidity. Bromides, chloral and small doses of morphia were used. The pulse gradually became accelerated, the temperature rose to 105 before death and the spasticity was replaced by profound coma. He died at 9 A. M. on the day following the operation, or 20 hours after resuscitation. In some respects the symptoms simulated acetonemia or acidosis, but both acetone and diacetic acid were absent from the urine.





PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

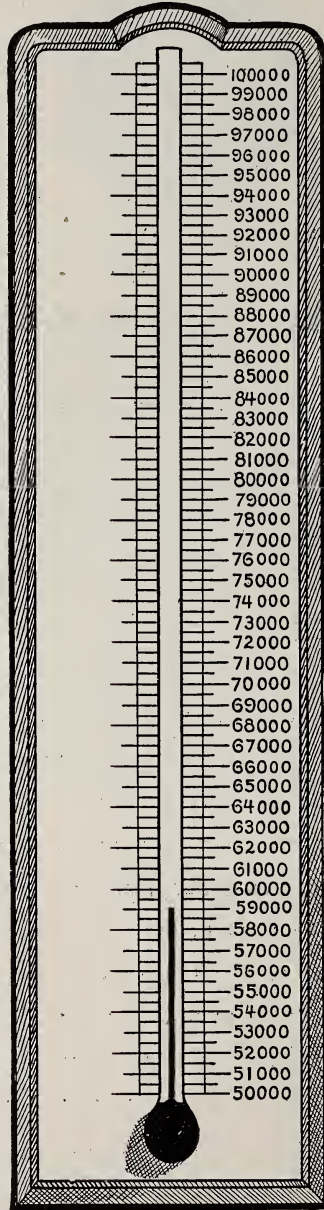
Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

NOTICE.

IN a previous announcement in the JOURNAL it was noted that the semi-annual meeting of the Faculty will be held this year at Ocean City, Md., September 15-17.

The headquarters will be at the Plimhimmon Hotel, the rates for members of our party being \$2.50 per day. Be sure to secure rooms in advance by writing to Mrs. R. T. Shreve at the Hotel. The railroad and boat fare will cost \$3 for the round trip. The special tickets (orders for which must be obtained from the Committee of Arrangements at the Faculty Hall) are good from Tuesday, the 15th, until Sunday, the 20th, inclusive, thus enabling those who wish, to remain a few days after the meeting.

**\$100,000.00 TO BE RAISED
BY APRIL 30, 1909.**



"HELP IT RISE"

COUNTY MEDICAL SOCIETY MEETINGS

THE regular meeting of the Howard County Medical Society took place at the home of Dr. S. A. Nichols, Dayton, Md., several members from the Montgomery Society being present. A substantial dinner was served, after which the meeting was held under the large shade trees on the lawn.

The subject for discussion was "Affections of the thyroid gland," and the following interesting and instructive papers were read as follows:

Simple goitre,	by Dr. F. O. Miller.
Exophthalmic goitre,	by Dr. J. W. Lacy.
Medical treatment,	by Dr. W. E. Magruder.
Surgical treatment,	by Dr. J. R. B. Branch.
Myxedema and cretinism,	by Dr. S. J. Fort.

A general discussion was participated in by the following physicians, who were present: Drs. Cissel, Stone, Nichols, Tumbleson, Branch, Miller, Gambrill, Lacy, Brooke, Farquhar, Stabler, Magruder and Norton.

F. O. MILLER,
Secretary.

MINUTES OF THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28-30, 1908.

HOUSE OF DELEGATES.

APRIL 28, 1908.

THE twentieth meeting of the House of Delegates was called to order by the President, Dr. Charles O'Donovan, in the Hall of the Faculty, April 28, 1908, at 2 P. M.

There were present Drs. E. B. Claybrook, W. H. Hopkins, H. L. Naylor, P. Briscoe, F. R. Malone, M. D. Norris, L. C. Carrico, S. A. Stokes, F. B. Smith, S. J. Fort, C. A. Fox, W. F. Hines, P. L. Travers, H. Harlan, J. W. Holland, G. M. Linthicum, S. T. Earle, W. S. Thayer, R. B. Warfield, J. J. Carroll, W. P. Miller, R. W. Johnson, H. Bratton, St. C. Spruill, Hiram Woods, Charles O'Donovan, John Ruhräh, W. S. Gardner and G. L. Taneyhill.

The minutes of the previous meeting were read and approved.

The following reports were read:

Secretary, by Dr. Ruhräh; Trustees, Dr. Taneyhill; Council, Dr. Johnson; Councillors, Dr. Leitch (read by secretary), Steele (read by secretary), Johnson, Bratton, Miller, Gardner, Ruhräh, Spruill, O'Donovan, Woods.

The following committees reported:

Committee on Public Policy and Legislation, by Dr. J. D. Blake.

Committee on Scientific Work and Arrangements, by Dr. G. M. Linthicum.

Lay Press Committee, by Dr. R. B. Warfield.
 Committee on Public Instruction, by Dr. G. Wilson.
 Memoir Committee, by Dr. J. T. Smith.
 Committee on Medical Education, by Dr. W. H. Howell.
 State Board of Medical Examiners, by Dr. J. McP. Scott.
 Committee on Sanitary and Moral Prophylaxis, by Dr. D. R. Hooker.
 Committee for Relief of Widows and Orphans, by Dr. E. F. Cordell.
 The meeting adjourned.

APRIL 29TH, 1908.

The twenty-first meeting of the House of Delegates was called to order by the President, Dr. Charles O'Donovan, in the Donovan Room, Johns Hopkins University, April 29th, 1908, at 9.00 A. M.

The following delegates were present: Drs. E. B. Claybrook, H. L. Naylor, P. Briscoe, F. R. Malone, L. C. Carrico, S. A. Stokes, F. B. Smith, S. J. Fort, W. F. Hines, P. L. Travers, J. W. Humrichouse, Paul Jones, Herbert Harlan, J. W. Holland, G. M. Linthicum, S. T. Earle, H. G. Beck, R. B. Warfield, J. J. Carroll, Guy Steele, L. P. Hamburger, R. W. Johnson, Charles O'Donovan, John Ruhräh, W. S. Gardner, G. L. Taneyhill, J. W. Williams.

The minutes of the previous meeting were read and approved.

The report of the Library Committee was read by Dr. J. W. Williams.

The amendment to the Constitution, "No member of the State Examining Board shall be a member of the House of Delegates, except the secretary, who shall be a member ex-officio," was discussed, voted upon and not carried.

The second amendment, to further amend by inserting in the above amendment after the word "Board" the words "or the delegates to the House of Delegates of the American Medical Association," was voted upon and lost.

Article 9, Section 3.

The third amendment, Article 9, Section 3. Amend as follows: "The officers of this Faculty shall be nominated by the House of Delegates at the second meeting of that body and shall be elected on the morning of the last day of the annual session." After some discussion by Drs. Fort, Griffith and Harlan, it was carried.

Dr. Ruhräh introduced the following amendment to the By-Laws: Add to Chapter 9, Section 9:

"Members who shall have paid their dues on or before January 31 of any year shall be entitled to defense against alleged malpractice suits, as provided for in Chap. 7, Sec. 6 of the By-Laws, but only for acts alleged to have been committed during the fiscal year so paid for in advance. The fiscal year of the Faculty shall be coincident with the calendar year. Members of component societies, who have not paid their dues within ten days of the Annual Meeting, shall be suspended from the Faculty without any further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged before being reinstated.

Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid."

This was seconded by Dr. Taneyhill and left over for the next session of the House of Delegates.

Dr. W. S. Gardner offered the following amendment to the Constitution:

Article II. *Funds and Expenses.*

Amended to read, "The amount of assessment should be \$2.00 per capita per annum for members of the county societies and \$8.00 for the members of the Baltimore City Medical Society." This was seconded by Dr. G. M. Linthicum to be voted on at the next annual meeting.

Dr. S. J. Fort offered the following amendment to Article II of the Constitution: "The amount of the assessment shall be \$3.00 per capita per annum for members of the county societies." It was seconded by Dr. W. S. Gardner to be voted on at the next annual meeting of the Faculty.

Dr. G. M. Linthicum moved that the House of Delegates empower the Medical and Chirurgical Faculty of the State of Maryland to borrow sufficient money to complete the new building.

Dr. R. W. Johnson moved that this be amended to read "Not to exceed \$25,000.00." The amendment was seconded by Dr. S. T. Earle and carried. The entire motion so amended was voted on and carried.

Dr. S. T. Earle introduced the following resolutions:

First: "That the secretary of the Medical and Chirurgical Faculty of Maryland be instructed to notify the MARYLAND MEDICAL JOURNAL that the said Faculty will terminate its contract with the said JOURNAL at the expiration of the existing contract period, December 31st, 1908.

Second: "That the Council be instructed to inaugurate, not later than January 1, 1909, the publication of a monthly Faculty Bulletin, as herein-after described, for free distribution to all members of the Faculty in good standing, to Medical Libraries, etc.

Third: "That the Bulletin referred to shall consist of twelve pages or more, of the size 7 by 10 in. (being the same sized page as the formerly published Transactions), with as many additional pages as may be required to accommodate the advertising received; it being understood that no advertisement of any proprietary or patent medicine that has not received the endorsement of the Council on Pharmacy of the American Medical Association shall be accepted; and it being further understood that any profits, over and above the cost of publication, which may accrue to the management of the Bulletin shall be paid over annually to the General Treasury of the Faculty."

These were seconded by Dr. S. J. Fort, and, after some discussion by Drs. E. B. Claybrook and W. S. Thayer, was carried unanimously.

Dr. H. G. Beck introduced the following resolution:

"That one of the standing committees of this Faculty shall be a Committee on Tuberculosis, to consist of five members to be appointed annually. It shall keep record of the work in this State against tuberculosis; it shall consult with other committees or organizations engaged in similar work, and report to this Faculty at each annual meeting." Seconded by Dr. W. S. Gardner and carried.

Dr. Taneyhill introduced the following resolution:

"That no delegate or alternate be elected to the American Medical Association who does not pledge, as far as he knows, that he will attend the meeting to which he is elected." It was seconded by Dr. W. F. Hines and carried.

The following nominations were then made:

President—Brice W. Goldsborough.

Vice-President—Philip Briscoe, Wm. L. Smith, G. Milton Linthicum.

Secretary—John Ruhräh.

Treasurer—W. S. Gardner.

Board of Trustees—G. Lane Taneyhill.

Board of Medical Examiners—Guy Steele, George L. Broadrup, H. Harlan, F. B. Smith, W. W. Goldsborough and S. S. Stone. (Vote for three.)

Councillors—Arthur H. Hawkins (to fill unexpired term).

From Western Shore: L. C. Carrico, W. R. Eareckson, H. B. Gantt.

From Baltimore City: Charles O'Donovan, T. B. Futcher. (Vote for one.)

Committee on Scientific Work and Arrangements—J. A. Chatard, W. S. Thayer, F. W. Janney. (Vote for two.)

Committee on Public Policy and Legislation—C. H. Jones, W. F. Hines, T. M. Chaney, Charles O'Donovan, W. T. Riley, F. R. Malone. (Vote for three.)

Library Committee—J. W. Williams, H. H. Young, C. B. Gamble, H. B. Jacobs, Gordon Wilson, Mary Sherwood, J. H. M. Rowland, T. B. Futcher and H. W. Cushing. (Vote for five.)

On motion of Dr. L. A. Griffith, the secretary was instructed to have printed a sufficient number of copies of the names of the nominees to be used in the afternoon at the next session of the House of Delegates. The meeting adjourned.

APRIL 30, 1908.

The twenty-second meeting of the House of Delegates was called to order by the President, Dr. Charles O'Donovan, on April 30, 1908, at 9.00 A. M., in the Donovan Room, Johns Hopkins University.

There were present Drs. E. B. Claybrook, W. H. Hopkins, H. L. Naylor, Philip Briscoe, F. R. Malone, M. D. Norris, G. S. Dare, S. A. Stokes, F. B. Smith, S. J. Fort, J. E. Deets, P. L. Travers, H. Harlan, G. M. Linthicum, R. B. Warfield, W. P. Miller, Guy Steele, R. W. Johnson, Howard Bratton, St. C. Spruill, Hiram Woods, Charles O'Donovan, John Ruhräh, W. S. Gardner, G. Lane Taneyhill, J. W. Williams and G. E. Dickinson.

The minutes of the previous meeting were read and approved.

The report of the Treasurer was read by Dr. W. S. Gardner.

The amendment to the By-Laws as follows: Add to Chapter 9, Section 9, "Members who shall have paid their dues on or before January 31 of any year shall be entitled to defense against alleged malpractice suits as provided for in Chap. 7, Sec. 6, of the By-Laws, but only for acts alleged to have been committed during the fiscal year so paid for in advance. The fiscal year of the Faculty shall be coincident with the calendar year. Mem-

bers of component societies who have not paid their dues within ten days of the annual meeting shall be suspended from the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid," was carried unanimously.

Dr. Guy Steele offered the following amendment to Article 5 of the Constitution:

Add the words "and the Delegates to the House of Delegates of the American Medical Association." This was laid over, according to the Constitution, to be voted on at the next annual meeting.

It was moved by Dr. Ruhräh, seconded by Dr. W. S. Gardner, that the Council be empowered to appropriate the necessary funds for the coming year. Carried.

Dr. Ruhräh moved to amend the By-Laws as follows:

Chapter 8, Section 2: "The Committee on Scientific Work and Arrangements shall consist of four members, of which the secretary shall be one." It was laid over, according to the By-Laws, to be acted on at the semi-annual meeting.

Dr. Guy Steele moved that a Committee on Midwifery, consisting of five members, be appointed at the present session; the report to be made at the next annual meeting of the Faculty. It was seconded by Dr. G. L. Taneyhill and carried.

Dr. F. R. Malone, of Caroline County, asked to withdraw the name of Dr. S. S. Stone from the list of nominations for the State Board of Medical Examiners. This was accepted.

The secretary read a report made to the American Medical Association regarding Branch Associations, and the report of the committee of the Faculty's Council as follows:

"The committee, consisting of Drs. Barker and Spruill, recommend that the Council approve of the plan to form Branch Associations of the American Medical Association and that it do all in its power to favor the development of such Branches.

"The committee feels, however, that rearrangement of the States may be desirable, and suggests that Pennsylvania and Porto Rico be taken out of the group in which Maryland is, and Georgia be added to it.

(Signed) "DR. L. F. BARKER,
"DR. ST. C. SPRUILL."

It was moved by Dr. W. S. Gardner that the Medical and Chirurgical Faculty of Maryland endorse this move for Branch Associations. Seconded by Dr. G. L. Taneyhill and carried.

The election of officers resulted in a choice of the following:

President—Brice W. Goldsborough.

Vice-Presidents—Philip Briscoe, Wm. L. Smith, G. Milton Linthicum.

Secretary—John Ruhräh.

Treasurer—W. S. Gardner.

Board of Trustees—G. Lane Taneyhill.

Councillors—Arthur H. Hawkins (to fill unexpired term).

From Western Shore: L. C. Carrico, W. R. Eareckson, H. B. Gantt.

From Baltimore City: Charles O'Donovan.

Committee on Scientific Work and Arrangements—J. A. Chatard, F. W. Janney.

Committee on Public Policy and Legislation—C. Hampson Jones, W. F. Hines and T. M. Chaney.

Library Committee—J. W. Williams, H. B. Jacobs, C. B. Gamble, H. W. Cushing and Gordon Wilson.

Delegate to the American Medical Association—G. Lane Taneyhill; alternate, H. Harlan.

The names of Drs. Guy Steele, H. L. Broadrup, F. B. Smith, H. Harlan and W. W. Goldsborough were sent to the General Meeting as nominees for the State Board of Medical Examiners. Drs. H. Harlan and F. B. Smith were chosen for the full terms and W. W. Goldsborough for the unexpired term of Dr. E. J. Direckson, who had resigned.

The President appointed the following:

Memoir Committee—J. T. Smith, J. T. King, C. C. McDowell, C. E. Sadtler, F. M. Slemmons.

Committee for Fund for Relief of Widows and Orphans of Deceased Members—E. F. Cordell, Theodore Cook, Jr., E. C. Gibbs, G. L. Broadrup and S. J. Fort.

Committee to Confer with Lay Press—A. P. Herring, E. H. Hayward, E. B. Claybrook, Standish McCleary and Louis Hamman.

Committee on Public Instruction—Emil Novak, W. A. Fisher, A. H. Whitridge, R. H. Johnston, W. B. Perry.

Committee on Medical Education—W. H. Howell, David Streett, C. F. Bevan, R. Winslow, J. B. Schwatka.

Auxiliary Congressional and Legislative Committee of the American Medical Association—Wm. T. Riley.

Committee on Sanitary and Moral Prophylaxis—D. R. Hooker, O. E. Janney, Lilian Welsh, A. B. Gaither, J. K. B. E. Seegar.

Committee on Tuberculosis—Gordon Wilson, F. Martin, H. W. Buckler, J. H. Pleasants, J. O. Purvis.

Committee on Midwifery—Guy Steele, J. M. H. Rowland, Mary Sherwood, J. E. Deets, J. J. Carroll.

Dr. Steele moved that Dr. O'Donovan be given a vote of thanks in appreciation of the admirable way in which he has conducted the affairs of the House of Delegates during the past year. It was seconded and carried unanimously.

The House adjourned.

MINUTES OF THE GENERAL SESSION.

TUESDAY, APRIL 28, 1908.

The opening session of the General Meeting was held in McCoy Hall, Johns Hopkins University, at 8.30 P. M. on Tuesday, April 28, 1908. The President, Dr. Charles O'Donovan, presided.

The following program was carried out:

President's Address. Dr. Charles O'Donovan.

Report of Committee on Public Instruction. Dr. Gordon Wilson.

Report of Committee on Sanitary and Moral Prophylaxis. Dr. D. R. Hooker.

Report of Building Committee. Dr. E. N. Brush.

Presentation of Portrait of the late Dr. I. E. Atkinson. Drs. Samuel Theobald and Hiram Woods.

The portrait was accepted by the President, Dr. C. O'Donovan.

WEDNESDAY MORNING, APRIL 29, 1908.

The second session of the General Meeting was called to order at 10.30 A. M. in the Faculty Hall, Wednesday, April 29, 1908, by the Vice-President, Dr. George Dobbin.

The program was as follows:

Radio-therapy. Dr. T. C. Gilchrist.

This was discussed by Dr. Hirschberg.

Presentation of Pathological Specimens, General Pathology and Neuro-Pathology by Drs. W. R. Stokes and A. P. Herring.

Incipient Tuberculosis of the Lungs. Dr. Gordon Wilson.

Discussion by Dr. Buckler.

Fracture of the Neck of the Femur. Dr. Alexius McGlannan.

Discussion by Drs. Reichard and Riley.

Hydrotherapy. Dr. F. E. Brown.

Electro-therapy and X-Ray in its Relation to Medicine and Surgery. Dr. H. E. Ashbury.

Gastric Secretion in Old Age. Dr. Julius Friedenwald.

WEDNESDAY AFTERNOON.

The Afternoon Session was held April 29th in the Faculty Hall, at 3 P. M.

In the absence of the President and Vice-Presidents, Dr. G. Lane Taneyhill, President of the Board of Trustees, presided.

The following papers were read:

Management of Labor in Primiparous Women. Dr. J. M. H. Rowland.

The Chair announced that Dr. Mary Sherwood had been granted permission to read before the Society a paper not upon the printed program. Dr. Sherwood presented a paper upon "A Preliminary Report of an Investigation of Midwives of Baltimore City."

Discussion of papers of Drs. Rowland and Sherwood by Drs. G. L. Hunner, C. H. Jones, Guy Steele, Lilian Welsh, J. D. Blake, W. F. Hines, V. M. Reichard, G. W. Dobbin, F. B. Smith, Mary Sherwood and J. M. H. Rowland.

Can High-Class Surgical Work be Done in a Provincial Hospital? Dr. Brice W. Goldsborough.

Discussion by Drs. T. S. Cullen, R. Winslow, C. F. Burnam, G. L. Hunner and W. F. Hines.

Malignant Tumors of the Ovary. Drs. W. S. Gardner and Standish McCleary.

A motion was offered by Dr. G. L. Hunner that the privilege of the floor

be extended to Dr. I. S. Stone, of Washington, D. C., who was present at the meeting. Seconded by Dr. W. S. Gardner and carried.

Discussion by Dr. I. S. Stone, of Washington, D. C., and Dr. W. S. Gardner.

Analysis of Statistics of Typhoid Fever of Past Four Years in Baltimore. Dr. C. Hampson Jones.

Discussion by Drs. H. E. Ashbury, W. R. Stokes and C. H. Jones.

A Case of Enchondroma of the Larynx. Dr. J. J. Carroll.

Discussion by Dr. R. H. Johnston.

WEDNESDAY EVENING.

The Fourth Session was called to order at 8 P. M. in McCoy Hall by the President, Dr. C. O'Donovan, the only order of business being the Annual Oration—"Some Hindrances to the Higher Station of Medicine." Dr. Jos. D. Bryant, New York.

This was followed by the Annual Dinner at the Hotel Stafford, 9.15 P. M. Covers were laid for 110.

THURSDAY MORNING, APRIL 30, 1908.

The Fifth Session of the Faculty was called to order by Dr. G. L. Taneyhill in the Hall of the Faculty at 10.30 A. M.

The program consisted of a Symposium on Surgery of the Thorax.

Introduction. Dr. W. S. Halsted.

Future Possibilities. Dr. Jos. C. Bloodgood.

Demonstration of Over-Pressure Apparatus for Intra-thoracic Surgery. Drs. R. H. Follis and W. A. Fisher.

Experimental Surgery of the Heart. Dr. B. M. Bernheim.

General Consideration of Empyema. Dr. Frank Martin.

Report of a case of large Intra-thoracic growth.

Discussions by Drs. J. D. Bryant, J. W. Chambers and others.

The Report of the State Board of Medical Examiners to the Faculty was presented by Dr. J. McP. Scott, Secretary of the Board.

The following names were nominated by the House of Delegates as members of the State Board of Medical Examiners: Drs. Guy Steele, Herbert Harlan, F. B. Smith, W. W. Goldsborough.

By ballot the following were elected: To fill the unexpired term of Dr. Dirickson, who had resigned, Dr. W. W. Goldsborough; the regular term to be filled by Drs. H. Harlan and F. B. Smith.

Dr. G. Milton Linthicum made a statement of the condition of the Library Building Fund and Dr. A. P. Herring made an appeal for subscriptions to the same.

Dr. A. L. Griffith contributed a \$100 subscription.

Dr. D. C. R. Miller increased his subscription to \$100.

THURSDAY AFTERNOON.

The Afternoon Session, April 30th, 1908, held at McCoy Hall, Johns Hopkins University, was a joint meeting with the Maryland State Conference of Charities and Corrections.

Called to order by Dr. Jacob Hollander, president of the State Conference, who requested Dr. E. N. Brush to preside.

The paper, "The State Care of the Insane and Mentally Defective," by Dr. E. N. Brush, was an earnest and forcible plea for greater liberality on the part of the State for the proper and more humane treatment of its unfortunate insane. Dr. Geo. J. Preston, secretary of the State Lunacy Commission, opened the discussion by vividly portraying the disgraceful conditions existing in the present county almshouses and so-called Insane Asylums. Dr. J. Clement Clarke, superintendent of Springfield Asylum, dealt with the question from an economic standpoint.

Dr. J. W. Herring read the paper of Dr. Frank Keating of the School for Feeble-Minded Children, scoring the State for its apathy in dealing with the question.

Dr. J. Hall Pleasants, of the Supervisors of City Charities, gave a graphic account of the obstacles to be overcome in securing sufficient appropriations to house and feed the city insane. The startling statement that the per capita cost of keeping the insane at Bay View was less than \$100 per year is sufficient guarantee that they receive little or nothing in the line of proper treatment.

The Herter Lecture by Dr. E. A. Schaefer, of the University of Edinburgh, on the "Pituitary Body in Disease, its relation to Diabetes and Acromegaly," followed the regular meeting.

REPORTS OF COMMITTEES, ETC., SUBMITTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY, APRIL 28-30, 1908.

TREASURER'S REPORT.

To the House of Delegates:

The Treasurer takes pleasure in reporting that the finances of the Faculty are in a satisfactory condition.

The permanent funds are as follows:

Baker Fund.

This fund is invested in one United Railways 4% bond, par value \$1000.00

Endowment Fund.

In this fund is one United Railways 4% bond, par value. \$1000.00
Cash in Commonwealth Savings Bank..... 483.51

Widows' and Orphans' Fund.

In this fund is one first mortgage University of Maryland 5% bond, par value..... \$500.00
Cash in Commonwealth Savings Bank..... 500.00

The following account of the current funds for the fiscal year ending December 31, 1907, has been audited by a committee composed of Dr. Robert W. Johnson and Dr. St. Clair Spruill.

FINANCIAL STATEMENT.

Receipts.

Rent of Hall, non-affiliated soc.....	\$ 204.50
Dues of members Balto. Cy. Med. Soc.....	3328.00
“ “ “ County Societies.....	879.00
“ “ “ non-resident.....	36.00
Balto. Cy. Med. Soc. Clerical assistance....	180.00
Baker Fund interest.....	40.00
Exhibits at annual meeting.....	20.00
Contribution to Lib. 3 med. schools.....	75.00
“ “ Frick Library Fund.....	550.00
“ “ Building Fund.....	50.00
Medical Journal Company interest.....	3.00
Com. San. and Moral Prophylaxis.....	46.55
“ Sci. Work and Arrangements.....	10.25
Dr. W. F. Elgin, for reprints.....	7.85

Total

\$5430.15

Expenditures.

Deficit, January 1, 1907.....	\$ 17.93
Salaries.....	1380.00
Gas.....	203.30
Coal and wood.....	229.30
House expenses.....	96.86
Repairs, etc., to property.....	468.11
Postage.....	184.00
Printing, stationery, etc.....	142.50
Water rent.....	16.15
Telephones.....	134.00
Supplies.....	82.97
Attorney's fee, 1906 and 1907.....	150.00
Insurance.....	123.50
Medical Journal Company.....	213.59
Frame Archer portrait.....	55.00
Incidentals.....	69.85
American Bonding Co.....	15.00
Com. San. and Moral Prophylaxis.....	46.50
Building Fund contribution.....	50.00
Frick Library account.....	550.00
Baker Fund account.....	40.89
Library account, Sub. to journals.....	402.35
“ “ Lib. Congress cards.....	68.11
“ “ Binding.....	287.30
“ “ Assistance.....	130.50
“ “ Medical Lib. Assoc.....	60.00
“ “ Supplies.....	26.00
Loaned Balt. Cy. Med. Soc.....	42.10

Total

\$5285.81

Balance

144.34

Jan. 2, 1908. Amt. in Commonwealth Bank

\$ 144.34

WILLIAM S. GARDNER, Treasurer.

SECRETARY'S STATEMENT OF COMPONENT SOCIETIES, APRIL 30, 1908.

Membership, 1907.....	Membership, 1908.....	Paid in Advance		Reinstated and Transferred..	New Members.	Deceased, Re- signed and Removed....	Dropped.....
33	37	37	Allegany County Med. Soc.....		7		3
21	20	20	*Anne Arundel County Med. Soc.		2		3
514	546	498	Baltimore City Med. Soc.....	5	55	15	13
57	48	30	Baltimore County Med. Soc.....		1	4	6
9	9	9	*Calvert County Med. Soc.....				
11	10	9	Caroline County Med. Soc.....		1		2
33	31	24	Carroll County Med. Soc.....	1	4		7
23	24	24	*Cecil County Med. Soc.....	1			
14	11	11	Charles County Med. Soc.....				3
17	19	16	Dorchester County Med. Soc....		3		
49	46	46	Frederick County Med. Soc.....			1	2
9	2	2	Garrett County Med. Soc.....			1	6
9	9	6	Harford County Med. Soc.....		1		1
16	15	10	Howard County Med. Soc.....				1
8	9	8	Kent County Med. Soc.....	1			
26	32	32	*Montgomery County Med. Soc.	2	5		1
19	18	15	Prince George's County Med. Soc.		2	2	1
14	11	11	Queen Anne's County Med. Soc..		2	2	3
6	3		St. Mary's County Med. Soc.....				3
18	17	15	Somerset County Med. Soc.....		1	2	
14	17	16	Talbot County Med. Soc.....	2	2		1
39	42	41	*Washington County Med. Soc..	2	1		
8	9	9	Wicomico County Med. Soc.....		3	1	1
12	13	10	Worcester County Med. Soc.....		1		
979	988	899		14	91	28	57

*Indicates that all members were paid in January to State and County Society and entitled to "Physician's Defense."

REPORT OF THE TRUSTEES.

Baltimore, Md., April 28, 1908.

Mr. President and Members of the House:—

At the meeting of the Trustees held April 16, 1908, in accordance with the provisions of the Constitution, your Board of Trustees elected as

Chairman, Dr. G. Lane Tayeyhill.

Secretary, Dr. J. M. H. Roland.

Treasurer, Dr. J. W. Chambers.

They have nothing new to report as regards the management of the property of the Faculty.

The insurance, they understand, remains the same, the policies which matured March 6 and April 18, 1908, having been renewed.

The building is insured for \$12,000 and contents for \$18,000. The value of the building is placed at \$15,000 and the Library at \$45,000.

From figures given your Board by the Secretary of the Faculty it is observed that the Faculty has come into possession of a desirable building lot on Cathedral St., near Preston, in this city, at a total cost of \$24,095.60 in fee. Doubtless the complete details of this purchase will be reported by the Councilors through the Building Fund Committee, the formation and acts of which were last year, on recommendation of the Council to the Trustees, cheerfully endorsed by that body.

As the real estate on Eutaw St. is by deed from the Faculty held in trust by the Trustees, inferentially, the Board presumes that at a future day the acquired and improved property on Cathedral St. will be assigned to the Trustees.

In conclusion your Board of Trustees hopes that through the commendable efforts of the Building Committee and other interested parties they may be able, one year hence, to point with excusable pride to a modern edifice owned and controlled by this ancient and honorable Faculty, which is the sixth in seniority of formation in the United States.

Respectfully submitted,

G. LANE TANEYHILL, M.D.,

Chairman of the Board.

REPORT OF THE COUNCIL.

Baltimore, April 28, 1908.

Mr. President and Delegates of Medical and Chirurgical Faculty:

Your Council has held 9 meetings since its last report. We must call the attention of the House of Delegates to the fact that not enough interest is taken by the members of the Council outside Baltimore in the Council meetings, but two having attended, and they only once and twice. It is difficult often to get a quorum. The following work has been done during the year:

The Archer portrait was secured and presented to the State. Contract with the MARYLAND MEDICAL JOURNAL was renewed. A committee was appointed and conferred with the Governor regarding medical appointments. The purchase of the Baird lot was confirmed by a joint meeting of the Council and Trustees.

Public health questions, as the Milk Bill, were considered and proper endorsement given by the Council. Three suits against medical men, members of the Faculty, were investigated and referred to the Faculty's attorney.

One case involving medical ethics was amicably settled by the Council.

Respectfully submitted,

ROBT. W. JOHNSON,

Chairman of Council.

COMMITTEE ON SCIENTIFIC WORK AND
ARRANGEMENTS.

WHILE it has not been the custom of the Committee on Entertainment and Scientific Arrangement to make a report to the House of Delegates, we feel that such a report should be made, especially at this time, owing to the unusual programme selected for the semi-annual meeting of the Faculty in September, 1907, particularly as this meeting required the outlay of a large sum of money, which, while the Faculty did not spend this money, it was responsible for contracts entered into by the Committee.

The Committee, after conferring with a number of members, and receiving the approval of the Board of Council, decided to undertake holding the semi-annual meeting at and "en route" to the Jamestown Exposition.

We felt that such a trip would be conducive to greater enjoyment of the members, and would be productive of bringing them in closer touch, and thereby engender better acquaintanceship and sociability; at the same time a comfortable way of visiting the Exposition at a reasonable rate would be procured, and our allegiance to this historical association would be shown.

We engaged the commodious steamer Charlotte from the Atlantic S. S. Co. and spent two days and three nights aboard, the two days and one night being devoted to the Exposition. The two nights "en route" were devoted to the scientific sessions, at which a very excellent programme was furnished by addresses and papers, which those who did not attend have seen in the MARYLAND MEDICAL JOURNAL.

One hundred and eight availed themselves of this opportunity, many ladies accompanying the members, and we feel from the expressions of the party that the session was eminently successful.

We would suggest that perhaps some similar arrangement could in the future be made to visit one or more of the Eastern Shore towns for a meeting.

I append an accounting of the trip, which shows that after all expenses were paid there was a balance of \$10.25, which was turned over to your treasurer. The entire expense to each member was \$15.

We have arranged for this, the annual meeting, and the programme which you now have speaks for itself. We deem ourselves indeed fortunate to be able to have with us Dr. Jos. D. Bryant, the President of the American Medical Association, for the annual orator, and Prof. Schaefer of Edinburgh, who delivers the Herter lecture, will through the kindness of arrangement of Dr. Howell, address us. The annual dinner will be held at the Hotel Stafford after Dr. Bryant's oration.

Very respectfully submitted,

G. MILTON LINTHICUM,

Chairman;

J. A. CHATARD,

JOHN RUHRAH.

Report of the Committee on Entertainment for the Semi-Annual Meeting of the Medical and Chirurgical Faculty.

Amount collected.....\$1623.00

Expenditures.

Steamship Co.....	\$1489.00
Fair tickets.....	80.00
Old Dominion Co.....	26.50
Badges.....	8.25
Cigars.....	5.00
Stamps and incidentals.....	4.00

\$1612.75

Total..... 1612.75

Balance..... \$10.25

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

To the President and Members of the House of Delegates of the Medical and Chirurgical Faculty:

Gentlemen:—Your Committee on Legislation respectfully report that nothing has been referred to them since the last meeting of the House of Delegates, at which time your Committee was instructed to present no laws or amendments to the recent Legislature for its sanction.

Notwithstanding this action of the House of Delegates, which was concurred in at that time by your Committee on Legislation, yet the fact remains, and we desire to call your attention thereto, that our present medical laws are notably deficient in many very essential points, and the law itself as it exists at present and the amendments thereto which have been made from time to time are so fragmentary and scattered throughout legal literature that the law has been criticised by the bench as being in a more or less chaotic condition and sadly in need of codification, as well as paradoxical in many of its sections, making a legal decision often difficult is not impossible.

Therefore your Committee desire to call attention to the necessity of a thorough codification of our present law, or what may be more desirable, the instructing of our attorney to frame an entire new law including all the desirable features of the present and adding such other new features as may be decided upon.

We would also recommend that should such a law be framed that it include such sections as would cover the midwifery question, thus regulating and legalizing the practice of that most important branch.

Respectfully submitted,

JNO. D. BLAKE, *Chairman*;
HERBERT HARLAN.

Book Reviews.

PULMONARY TUBERCULOSIS AND ITS COMPLICATIONS, with Especial Reference to Diagnosis and Treatment, for General Practitioners and Students. By Sherman G. Bonney, M.D., Professor of Medicine in the University of Denver. With 189 original illustrations, including 20 in colors, and 60 X-ray photographs. Philadelphia: W. B. Saunders Company. 1908. Price \$7.

We are inclined to endorse the statement that this book of Dr. Bonney's is one of the best and most exact works on tuberculosis in all its aspects that has yet been published. The section on the physical signs of lung tuberculosis is unusually thorough and satisfactory, and full attention is given to the disease as it appears in other organs and tissues. One chapter is devoted to the relation of the consumptive to society at large, another to his supervision and education, another to institutions for his treatment, others still to the training of the public in prevention of contagion, to the supervision of workshops, to the adjustment of physical and nervous effort, to open-air life, to dietetic treatment, to the rôle of climate and to the comparative value of the sanatorium and the well-regulated home in the cure, the writer believing that in early cases which do not require the closest daily supervision a patient may do quite as well in his own house. A change of residence, however, to a new and healthful region is often very desirable. The author closes with a number of chapters on the treatment of the disease in general and of its special symptoms, giving his experiences up to date with bacterial vaccine and the opsonic theory. His views are throughout the volume of 800 pages characterized by large experience and broad judgment.

DYSPNEA AND CYANOSIS. Being Part I of Clinical Treatises on the Disorders of Respiration and Circulation. By Prof. Edmund von Neusser, M.D., Professor of the Second Medical Clinic, Vienna; Associate Editor of Nothnagel's Practice of Medicine. By MacFarlane. New York: E. B. Treat & Co. 1907. Price \$1.50.

Prof. Edmund Neusser (says Dr. MacFarlane), with his rare diagnostic instinct and his almost uncanny memory for clinical facts and their correlation to pathological findings, typifies in the strict sense the modern master clinician. These lectures are the resultant of an almost limitless clinical material and of a scientific acumen which does not overlook any fact, no matter how seemingly unimportant. The modern search for specific causes of disease has too often pushed into the background the manifest clinical evidences thereof. This series of monographs accentuates the value of the study of symptoms at the bedside and reproduces the marvelous clinical pictures of Trousseau, Niemeyer, Sydenham, Flint and others in the light of present-day knowledge.

In this little book of 200 pages dyspnea is studied first with reference to the conditions which induce it; then dyspnea and cyanosis are together taken up as observed in disorders of the respiratory tract and of the circu-

lation, infectious diseases, poisons and general diseases each receiving due attention. A brief chapter on the therapy of dyspnea closes the book.

BRADYCARDIA AND TACHYCARDIA. Being Part II of Clinical Treatises on the Disorders of Respiration and Circulation. By Prof. Edmund von Neusser, M.D., Professor of the Second Medical Clinic, Vienna; Associate Editor of Nothnagel's Practice of Medicine. By MacFarlane. New York: E. B. Treat & Co. 1908. Price \$1.25.

The heart (says Dr. MacFarlane), whose disorders have been somewhat thrown into the background by modern work in laboratories upon infection, must still, as the *fons et origo* of the circulation, be seriously considered in practically every disease, and its condition is many times the most reliable index of the result. Professor von Neusser has done well to bring together so ably all the factors involved in the increase and decrease of the cardiac action and to emphasize the great importance of the study of the cardiac phases.

The various causes which induce slow pulse are considered at length, taking up, with its prognosis and treatment, about 50 pages. An equal space is devoted to the opposite condition of rapid pulse, with its treatment. In the Appendix, an equal third, we have abstracts of articles by Howell of Baltimore on "The Cause of the Heart Beat" (1906); of the original articles (complete) of Adams, Stokes, Hiss and others; also abstracts to date and bibliography from home and foreign literature.

COSMETIC SURGERY. The Correction of Featural Imperfections. By Charles C. Müller, M.D. Including the Description of a Variety of Operations for Improving the Appearance of the Face. 136 pages; 73 illustrations. Chicago, Ill.: Published by the author. Prepaid, \$1.50.

Just a plain account, brief and exact, of the way in which the author does his operations, the indications for them and the dangers to be avoided. A large number of diagrams are given showing the necessary incisions. A very practical little book, well worth the surgeon's purchase.

BOOKS RECEIVED.

EPILEPSY AND EPILEPTICS. Transactions of the National Association for the Study of Epilepsy at Their Sixth Annual Meeting at New Haven, Conn. Edited by W. P. Sprattling, M.D.

THE BABY. By LeGrand Kerr, M.D. New York: Albert P. Huntington. 1908. Price \$1.50.

THE NEWER REMEDIES. By Virgil Coblentz, A.M., Phar.M., Ph.D., F.C.S. Boston: Apothecary Publishing Co. 1908.

MEDICAL GYNECOLOGY. By S. Wyllis Bandler, M.D. Philadelphia and London: W. B. Saunders Company. 1908. Price \$5 net.

PAIN. By Dr. Rudolph Schmidt. Translated and Edited by Karl M. Vogel, M.D., and Hans Zinnsser, A.M., M.D. Philadelphia: J. B. Lippincott Company. 1908.

REFERENCE AND DOSE BOOK. By Henri Leonard, M.A., M.D. Detroit, Mich.: Illustrated Medical Journal Co. 1908. Price 75 cents.



PANAMERICANS AND PANAMANIAN.

THE above hitherto unpublished photograph is of especial interest at this time in view of the serious illness of Dr. Amador, President of the Republic of Panama, as reported to the State Department by the American Minister. Apropos of our recent editorials on the subject of medical men in public life, it is interesting to note that this octogenarian physician is perhaps the oldest presiding genius of the newest republic in the world. On August 30 the Electoral College met in Panama to declare the recent election of his successor, who will qualify on October 1.

In the above group are the Cabinet officers of the republic and delegates and visitors to the Pan-American Congress and American Public Health Association in 1903, held in Panama and Havana. The picture was taken at the entrance of the Presidential Palace (the Panama White House). In the front row (seated) are President and Mrs. Amador, Cabinet officers standing. To the rear of the President, third row, is Col. William C. Gorgas (in white duck uniform), chief sanitary officer of the Canal Zone, president-elect American Medical Association. Among the other American medical men are W. W. Keen, Philadelphia; Ramon Guiteras, New York; Walter G. Chase, Boston; James W. Putnam, Buffalo; Seneca Egbert, Philadelphia; Joseph McFarland, Philadelphia; G. W. Shillito, Pittsburg; William N. Wishard, Indianapolis; Irving Lee Walker, Long Island; W. Sohler Bryant, New York; B. Rosalie Slaughter, Washington; C. F. Macdonald, New York; S. R. Miller, Knoxville; J. S. Platt, Port Huron; David A. Shirres, Montreal; Horace M. Simmons, Baltimore; Carlos Manuel Garcia, Vera Cruz.

Referring to the antiquity of Panama, Dr. Henry T. Byford of Chicago, a delegate to the Congress, says in his book, "To Panama and Back" (just issued by W. B. Conkey Company, Chicago), that one writer avers that the name Panama was given because it is the oldest city on the continent, the Pa and Ma of American cities; while a Spanish scientist asserts that the original name was *Pa ni Ma*, which means *neither* father nor mother. He claims that as the first city of America it had neither father nor mother.

MARYLAND MEDICAL JOURNAL

JOHN S. FULTON, M.D., *Editor*

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THOMAS R. BROWN, M.D.

HUGH H. YOUNG, M.D.

JOSE L. HIRSH, M.D.

LEWELLYS F. BARKER, M.D.

HORACE M. SIMMONS, M.D., *Managing Editor*.

BALTIMORE, SEPTEMBER, 1908

A STATE PHYSICAL EXAMINER.

A NEW move in the campaign against tuberculosis has been made by our energetic Governor. Having now a State hospital for the cure and care of such patients, it is reasonable that measures should be taken for gathering into it citizens whose condition is such that they have become foci of infection to the community at large. This step has been necessarily delayed until the State could offer them a refuge and a hope of cure. Voluntary resort to hospital care is the most natural solution of this problem of infection, but, unfortunately, it cannot at present be depended upon. As Dr. Bonney says in his excellent treatise on pulmonary tuberculosis, reviewed by us this month, "it is apparent that such enlightenment of the people as will ensure an active universal movement toward prevention can be effected only through the process of years. In order at this time to secure a beginning control of the pestilence it becomes the duty of the Commonwealth to exercise an arbitrary supervision over certain features of the tuberculosis problem. It is insufficient to post notices in workshops warning employes of the danger of consumption. *Co-operation* of operatives must be secured in order to make any organized effort effective. To this end the employes should be privileged to receive the periodic attendance of a physician free of expense. By this means the disease may be recognized at an early stage and the invalid excused from the workroom or, at least, subjected to the closest surveillance."

Our Governor's idea is that there should be a State Physical Examiner, whose duty it shall be to inspect the employes of certain classes of factories where large numbers of operatives are congregated together, many of whom are sick with the disease and liable to spread it either to their fellow-workmen or to citizens

who buy the garments and other things upon which they are working.

This is an extension of the idea, recently introduced, of inspecting school children for the prevention of diseases of the throat and eye, which has been received by the public with entire approval.

That a special officer of the State should be delegated for this purpose is wise. A subordinate of one of the sanitary agencies already appointed would hardly have authority sufficient to carry out the work thoroughly. Moreover, if the right man is chosen for the place, one more enthusiastic leader will be added to the able corps of State sanitarians now endeavoring to arouse the public to the eradication of preventable disease from our midst.

The Governor hopes that the mere initiation of his plan will arouse employers to take measures in sympathy therewith.

In the background lies the question of the financial assistance of invalided workmen and the families dependent upon them. In European countries this has already been met by assurance associations for employees. There is no doubt that in America the problem can be readily worked out in harmony with republican ideas.

THE BALTIMORE WATER SUPPLY.

THE medical profession of a State growing in numbers and in influence must take an ever-deepening interest in all public matters bearing upon health. The promoters of such worthy enterprises should be able to count upon the profession as a powerful ally, quick to comprehend and enthusiastic in urging upon the people the need of the hour. Moreover, the interest of the profession in such matters should not be in any respect local. The needs of any community in the State should interest the whole profession.

For this reason we urge upon our readers in every part of Maryland an interest in the efforts being put forth by Baltimore city to increase and purify its water supply. The problem is by no means a simple one, it has in it elements which may well baffle even the best trained minds. The working out of these problems on a large scale by Baltimore will necessarily simplify their application on a lesser scale by every growing and ambitious town in the State. Baltimore has already, for its size, one of the largest and purest supplies in America, sufficient at date to meet its need in ordinary seasons; but Baltimore is dreaming of a mil-

lion inhabitants at no distant date, taking in her nearer suburbs, and wisely lays plans for this future.

The consideration which especially arouses the interest of physicians in this project is that the oldest source of supply, from the valley of Jones Falls, is seriously and irremediably polluted by the growing towns which drain into it. This supply would long ago have been abandoned were it not for the fact that in seasons of drought it is absolutely necessary for the city's consumption.

In the coming November elections a five-million-dollar loan is to be voted upon by the citizens under an enabling act of the last Legislature. With this money it is proposed to buy up necessary drainage areas of the greater valley (of the Gunpowder river), to remove villages and residences which threaten its contamination and to build therein a great dam for the storage of some twenty thousand million gallons of water.

It cannot be denied that Baltimore has risen from the ashes of its great fire with large and progressive ideas. The above sketched plan will convert the valley of the Gunpowder river in its upper stretches into a beautiful park of grassy lowlands and heavily wooded hills. There is no question that its execution will be a most impressive sanitary lesson to the whole State.

The citizens seem to be almost unanimous in the support of this great enterprise; just how it shall be carried out, by what means the depth of water in its new reservoir can be maintained against the tendency to fill up with sediment brought down by the rain, must be solved by expert hydraulic engineers, whose employment is provided for by the enabling act which has passed the City Council.

The repeated warnings of a city health department will never prevent the great majority of the citizens from drinking the city water directly as it comes from the pipes. Boiling and house filtration, supplemented by the use of purchased spring waters, can never be depended upon to protect such a large community from water-born peril of disease. Each of our readers will doubtless therefore congratulate Baltimore upon its determination finally to give up the old source of water supply which has for many years threatened fearful endemic disease.

GOOD ROADS.

FROM many points of view the recent movement for better highways is of interest to the medical profession. It is a sign of increasing intelligence in the community at large—the substitution of

reasonable for unreasonable methods of doing things. It is a sign of farsightedness on the part of our legislators—the substitution of that which is permanent for that which is shift. It brings our State abreast with the older civilizations of Europe, and, indeed, of our sister States which have enjoyed greater wealth and better physical advantages. It confirms Maryland in her leadership of the South, where such wonderful commercial changes are being wrought.

Undoubtedly the good-roads movement is but one of many signs that the country dweller is at last to have his innings. For a century, perhaps, the city has had all the advantages, and the country youth have been forced to emigrate thereto for business success. The energies of the State and nation have been absorbed in the problem of infant feeding of the clamoring manufacturing industries that were daily brought to birth in its busy incubators. These babes are now too big for the nursery, and a far saner and safer method of promoting the farmer's interests, heretofore neglected, has been initiated. Instead of putting exorbitant protective tariffs on special farm products to encourage their production, the National Government confines its attention in this new era to the promotion of soil-culture in general, and of the redemption of unused lands wherever found.

The individual States, following the same course, are devoting their nurturing energies to matters which concern the whole agricultural community, without unfair favors to any special interest. In none of these projects has more enthusiasm been aroused than in the building of good roads. Our State government will confine its attention to the construction and keeping in repair of a series of fine highways continuous from county to county, converging at the central town of every third county. Roads of lesser and local importance are to be left to the Shoemaker Commission, which has already done such good work in selected spots. The June circuit by our Governor through the counties for the selection of these State roads has been most enthusiastically welcomed everywhere. Five millions is a tidy little sum, and will, under judicious management, make a fine beginning of this good work.

Good roads will mean to the country doctor, apart from any interests he may personally have in farming, a saving of time, a saving of wear and tear on horse and carriage, a saving of danger from accident to himself and family, a saving of nerve-strain, and a doubling of practice radius. Moreover, with fine roads he may

gain many new and well-to-do patients among those who will settle in the improved territory.

The proper resurfacing of our local roads will take a long time, but we may expect that people in every part of the State will be stirred to more intelligent work on roads. A very small expenditure of intelligent engineering would take the worst and most horse-murdering hills from our roads. A little broader public spirit would insist on the subordination of farm outlines to highway interests.

Every country practitioner should be a leader in the promotion of this most laudable movement.

VITAL STATISTICS.

It is surprising how slow the individual States of our Union are to take up the work of co-operation in this important department of national health statistics. In an excellent volume before us, "Mortality Statistics, 1906," only 15 out of the 46 States take full share. Progress, however, is to be noted, since California, first among the Pacific States, Pennsylvania, Colorado, South Dakota and our own State of Maryland, are accepted as registration States—as States in which proper laws have been enacted and enforced to serve as a basis for approximately correct statistics (lacking not more than 10 per cent. of completeness), such as are secured in progressive foreign countries.

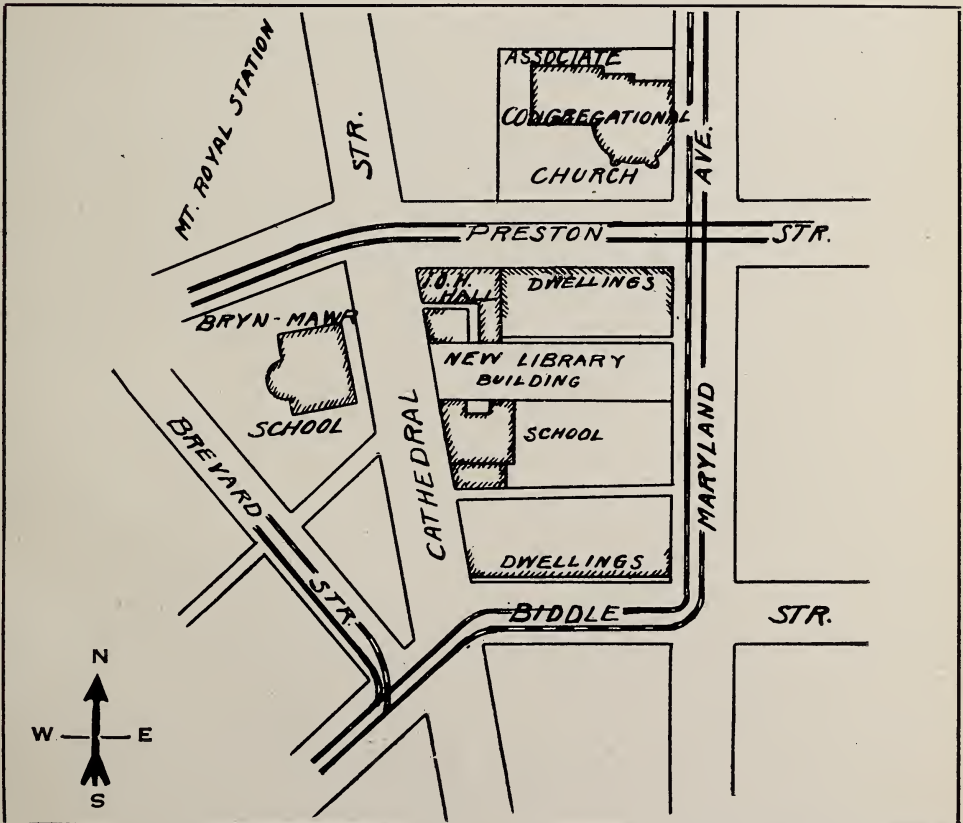
Only one disease, diabetes, has of recent years showed a steadily increasing annual death rate. Smallpox showed great diminution, about one-twentieth as many cases as in 1902. Enteric fever was more than usually fatal during the year. Among the large cities, Allegheny and Pittsburg take the lead in this disease. In 1905 and 1906 the death rate from diphtheria and croup was on the increase, and in spite of antitoxin very fatal epidemics occurred in some places. Salem, Mass., gives high death rates for four out of five years tabulated. The deaths from lung tubercle showed a decrease. Still, the total of over 75,000 deaths for 15 States is sufficiently awful from a quite preventable disease in one year.

Tables of comparison with foreign countries show very curious idiosyncrasies of individual nations toward certain diseases. Why Servia, for instance, should have four times as great a death rate from whooping-cough as other nations might afford much interesting research to the curious.



—Photo by Waldeck

EXCAVATION FOR NEW MEDICAL LIBRARY BUILDING, BEGUN AUGUST 21, 1908



—Drawn by Martenet & Co.

STREET PLAN SHOWING BUILDING SITE

CONTRACT AWARDED—WORK BEGUN.

THE building committee has awarded the contract to Messrs. J. Henry Miller & Son for the construction of the new Medical Library building, and the excavation for the foundation has already begun, as depicted in this the first photographic view presented by the JOURNAL. The building will be completed by the middle of next March, and ready and occupied for the next annual meeting.

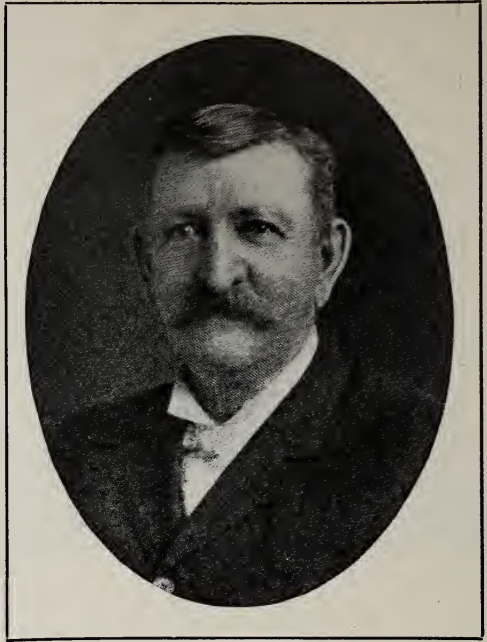
The structure will contain ample room for future growth, and will be of fireproof construction throughout. The book stacks will have a capacity for over 60,000 volumes. The library now contains about 18,000 volumes. The plans provide social and committee rooms, secretaries' offices, reading, periodical, librarian and cataloguing rooms. On the fourth floor will be an up-to-date apartment for the librarian and her assistant. There will be two medical halls, a small one for the general meetings of the various societies and a large public hall with a capacity for 500 persons, where meetings of public interest can be held, which may also become a source of revenue by its rental to suitable lay organizations. A fine heating and ventilating system will be installed.

The small and large halls may be made to communicate or be cut off entirely from the medical library proper and entrance gained from Maryland avenue when occupied for other than medical purposes.

The building is well equipped with a low-pressure steam-heating plant. Suitable lavatories, coat rooms and other conveniences will be amply provided. A large room in the basement will afford facilities for serving dinners and luncheons, all accessories having been provided in the plans.

The committee feels that all should be interested in this, now an accomplished fact, and everyone who has not thus far contributed should avail himself of the privilege of becoming a subscriber to the building fund. In order that the indebtedness may not be excessive, it is hoped that \$15,000 may be raised before the completion of the building.

The members of the building committee are G. Milton Linthicum, John Ruhräh, Hiram Woods, J. Whitridge Williams, Charles O'Donovan and Edward N. Brush.



THE LATE DR. SAMUEL K. SNIVELY,
1841-1908.

DR. SNIVELY was the oldest physician in Williamsport, Md., and was one of the leading practitioners of Washington county. He was born in Franklin county, Pennsylvania; educated in the public schools and at the Chambersburg Academy, where he was prepared for college, entering the University of Michigan at Ann Arbor. At the beginning of the Civil War he enlisted for three months' service in Company B, Second Pennsylvania Volunteers, and at the expiration of his term re-enlisted for three years, seeing service in Kentucky and Tennessee. After the war he studied medicine with his brother, Dr. I. N. Snively, and was graduated at Jefferson Medical College in 1869, beginning the practice of medicine at Hanover, Pa., with his brother, Dr. A. J. Snively. In 1870 he removed to Williamsport, Md., where he died in August.

JOINT SOCIETY MEETING.

THE first joint meeting of the medical societies of Frederick and Washington counties, Maryland, was held at Braddock Heights on Wednesday, August 26. The program embraced many interesting papers by the president of the Faculty, the secretary of the Maryland Lunacy Commission, the medical assistant of the secretary of the State Board of Health and others.

OUR MEDICAL SCHOOLS.

THE warm but wholesome months of July and August are past, and with the setting in of cool September breezes the tide of medical students turns again toward the great schools of our city. Again at the college door appears the dignified colored gentleman with a phenomenal memory for names and identification, who welcomes to its halls each new student and throughout the four years' curriculum presides unofficially over his morals and his educational welfare.

Baltimore has now each winter a body of medical students which is said to number nearly 3000. In this department of learning, at least, the dream of the Father of His Country has been realized, who longed to establish near the banks of the Potomac not only the national capital, but also a national center of learning which should draw to itself students from every part of the Union. In the twin cities of Washington and Baltimore (to be soon united by a great interurban boulevard) this dream is rapidly being realized—Washington, the great national capital, soon to be the most magnificent in the world; Baltimore, the city of schools, welcoming students with Southern hospitality and receiving them into its homes during their educational course on terms within the reach of every one.

On our eastern hills stands most prominent the Johns Hopkins, training high-grade matriculates in the most exact details of clinical and laboratory work. Among its new departments are the dispensaries for tubercular study and for the study of incipient nervous and mental diseases.

Next, perhaps, in its ambition to become a true university is the old State school, whose one hundred and second annual announcement has just reached us. Our century-old University of Maryland has added within a few years to its original medical faculty four new faculties—the college of liberal arts, situated at Annapolis, founded in 1696, and on the campus in Baltimore a department of dentistry, a department of law and a department of pharmacy. This year it announces a new laboratory building.

The Baltimore Medical College, following along the same lines, offers a medical department, a law department, a dental department, with a handsome new building for laboratories and lecture halls.

The College of Physicians and Surgeons, go-

ing farther afield, by a new affiliation this year, meets an educational need which is at present receiving very earnest attention from thoughtful observers—the need for the abbreviation of the educational career of our young men, that they may start into practical life at an earlier age than has been of late possible, in view of the great increase in the number of subjects required in the curriculum. Many educators have felt that our college graduates now begin life too late, and that in some way the total number of years devoted to education must be abbreviated. The College of Physicians and Surgeons, with this aim in view, has formed an alliance with the West Virginia University at Morgantown. By this alliance the student who enters the West Virginia University, looking toward medicine, can take as part of his curriculum in that institution work equivalent to the first two years of medical education. Graduating there, he can enter as a third-year student in the College of Physicians and Surgeons, devoting himself particularly to clinical work. Graduating here as M.D., after but two years' study in Baltimore, he may return to Morgantown and receive at once the same degree as a West Virginia alumnus, in complete accord with the four-years requirements of the Association of Medical Colleges. This is an important modification in the medical curriculum, and will doubtless soon be adopted in one form or another by other colleges. This school has also affiliated with it a dental school, the oldest in the world, and contains a Pasteur department in which students may study clinically the treatment of rabies.

The Maryland Medical College calls attention to extensive improvements. The college has two new lecture halls and has enlarged its histological laboratory. In its Franklin Square Hospital a modern clinical amphitheater and a sun parlor have been built.

The Woman's Medical College on McCulloh street maintains the very high standard of requirement and of instruction which has characterized it from its foundation. This college also has entered into affiliation with the Medical Department of the University of West Virginia upon terms similar to those which we have noted in connection with the College of Physicians and Surgeons.

The Atlantic Medical College, for both sexes, has long been known to the profession under its previous name of Southern Homeopathic Medical College. It offers a non-sectarian medical education, with *similia similibus* as its central therapeutic idea.

Summary of Results of Examination Held by the Board of Medical Examiners of Maryland, June 16, 17, 18 and 19, 1908.

No.	COLLEGE OF GRADUATION.	Anatomy.....	Surgery.....	Pathology.....	Obstetrics.....	Practice.....	Chemistry.....	Materia Medica.....	Therapeutics.....	Physiology.....	Total.....	Average.....
1	Vanderbilt University, '07.....	78	90	55	95	75	61	80	83	85	702	78
2	Baltimore University, '07.....	62	..	61	60	71	45	..	..	..	..	..
3	Baltimore Medical, '07.....	..	60	68	..	..	..	..	..	..	..	..
4	University of Maryland, '07.....	75	..	78	..	..	75	..	..	..	..	..
5	Jefferson Medical, '07.....	..	..	..	..	..	..	..	..	..	..	..
6	College of Physicians and Surgeons, Balto., '06..	75	..	..	..	..	83	..	..	..	..	..
7	Baltimore Medical, '06.....	..	..	53	..	..	60	..	..	58	..	..
8	University of Maryland, '91.....	..	..	..	..	..	..	..	..	..	..	..
9	Woman's Medical, Pennsylvania, '08.....	83	95	78	86	89	75	80	95	90	771	85
10	Maryland Medical, '07.....	75	..	61	..	77	68	..	75	75	..	..
11	Woman's Medical, Pennsylvania, '08.....	84	98	65	95	87	60	84	96	83	752	83
12	College of Physicians and Surgeons, Balto., '07..	72	..	..	..	..	59	..	dismissed for cheating.	..	..	..
13	Baltimore Medical, '08.....	77	85	68	86	79	65	81	80	84	705	78
14	Leonard Medical, '08.....	96	90	80	65	80	75	82	78	81	727	80
15	Baltimore Medical, '08.....	61	75	64	72	72	69	75	75	87	650	72
16	Maryland Medical, '07.....	..	..	50	..	..	49	..	..	..	..	..
17	University of Maryland, '07.....	75	..	75	..	..	75	..	..	75	..	..
18	Maryland Medical.....	64	..	..	..	..	45	70	..	..	..	..
19	Baltimore Medical, '08.....	71	85	70	95	70	46	85	85	68	675	75
20	University of Maryland, '06.....	75	..	75	..	80	90	79	..	85	..	..
21	George Washington University, '07.....	25	..	58	..	..	47	..	..	75	..	..
22	University of Maryland, '05.....	..	..	..	..	..	75	..	..	..	..	..
23	Georgetown University, '06.....	75	90	72	80	76	64	83	87	85	712	79
24	University of Maryland, '03.....	91	80	85	90	79	80	84	70	95	754	83
25	University of Maryland, '07.....	93	90	85	80	76	84	84	80	95	767	85
26	Woman's Medical, Baltimore, '08.....	75	85	78	90	78	75	75	78	83	717	79
27	George Washington University, '07.....	84	75	75	85	82	63	86	86	86	722	80
28	College of Physicians and Surgeons, Balto., '08..	93	90	75	91	78	79	87	88	90	771	85
29	University of Maryland, '08.....	77	80	85	69	79	84	75	66	83	698	77
30	Johns Hopkins, '08.....	88	95	84	90	82	92	88	75	76	770	85
31	University of Maryland, '08.....	87	..	..	..	..	83	75	..	89	..	..
32	University of Maryland, '08.....	61	80	78	79	77	67	84	76	75	677	75
33	University of Pennsylvania, '97.....	98	98	96	92	93	96	88	99	75	835	92
34	Baltimore Medical, '08.....	58	95	32	80	62	56	50	60	71	564	62
35	College of Physicians and Surgeons, Balto., '08..	75	85	96	92	94	79	97	90	85	793	85
36	University of Maryland, '08.....	70	70	78	70	84	81	80	76	66	675	75
37	University of Maryland, '08.....	75	85	46	91	69	57	58	62	75	618	68
38	University of Maryland, '08.....	89	75	77	80	80	75	65	82	76	699	77
39	University of Maryland, '08.....	96	90	93	82	87	84	78	84	83	777	86
40	Johns Hopkins, '08.....	94	90	98	95	96	85	90	88	98	834	91
41	Baltimore Medical, '08.....	89	80	91	90	87	87	88	86	98	796	88
42	University of Maryland.....	86	..	..	..	..	95	92	..	91	..	..
43	University of Maryland.....	87	..	..	..	..	80	84	..	80	..	..
44	College of Physicians and Surgeons, Balto.....	92	..	..	..	..	72	50	..	76	..	..
45	Baltimore Medical, '08.....	75	90	76	85	76	80	87	80	77	726	81
46	University of Maryland.....	84	..	..	..	..	82	81	..	75	..	..
47	Baltimore Medical, '08.....	91	75	78	88	75	84	92	80	76	739	82
48	Johns Hopkins, '08.....	90	95	97	91	87	89	89	82	94	814	90
49	Baltimore Medical, '08.....	79	95	81	93	82	76	89	92	84	771	85
50	Baltimore Medical, '08.....	85	98	76	91	80	82	76	84	75	747	83
51	University of Maryland.....	91	..	..	..	..	83	84	..	79	..	..
52	University of Maryland, '08.....	84	80	97	75	99	99	90	90	90	814	90
53	College of Physicians and Surgeons, Balto., '07..	65	80	55	75	75	62	69	84	85	675	75
54	University of Maryland, '04.....	30	..	24	..	..	49	2	75	63	50	..
55	Baltimore Medical, '08.....	72	90	43	73	71	70	75	71	54	619	68
56	Howard University, '07.....	40	60	35	67	63	38	70	60	..	..	..
57	College of Physicians and Surgeons, Balto.....	92	..	..	..	..	88	93	..	75	..	..
58	University of Maryland, '08.....	75	80	78	89	89	78	58	70	75	692	76
59	University of Maryland.....	91	..	..	..	..	92	89	..	95	..	..
60	Maryland Medical, '08.....	89	80	72	77	82	75	80	72	75	702	78
61	Jefferson Medical, '08.....	74	80	56	75	82	48	72	75	71	633	70
62	University of Maryland, '08.....	69	75	81	90	77	73	75	60	75	675	75
63	University of Maryland, '08.....	90	85	81	80	84	95	85	88	75	763	84
64	Johns Hopkins, '07.....	83	80	77	85	89	75	69	63	75	696	77
65	University of Maryland.....	87	..	..	..	..	93	90	..	86	..	..
66	University of Maryland.....	89	..	..	..	..	90	84	..	91	..	..
67	College of Physicians and Surgeons, Balto., '08..	79	80	85	80	88	80	77	84	79	732	81
68	College of Physicians and Surgeons, Balto., '08..	84	70	52	90	82	43	84	82	70	657	73
69	Maryland Medical, '05.....	..	..	35	..	..	..	..	..	..	..	..
70	Baltimore Medical, '08.....	60	75	48	84	84	65	75	78	65	634	70
71	University of Maryland.....	83	..	..	..	..	86	77	..	78	..	..
72	University of Maryland.....	90	..	..	..	..	78	82	..	70	..	..
73	University of Maryland, '08.....	71	85	72	86	76	73	77	75	76	691	76
74	College of Physicians and Surgeons, Balto., '08..	70	70	52	80	66	52	62	75	75	62	66
75	Johns Hopkins, '08.....	80	85	95	90	86	86	68	84	93	767	85
76	Johns Hopkins, '08.....	63	100	80	80	83	72	75	75	93	721	80
77	University of Maryland, '07.....	57	..	71	..	85	47	..	..	75	..	..
78	Baltimore Medical, '08.....	81	85	83	95	80	80	90	88	82	764	84

Summary of Results of Examination Held by the Board of Medical Examiners of Maryland,
June 16, 17, 18 and 19, 1908—(Continued.)

COLLEGE OF GRADUATION.

No.		Anatomy.....	Surgery.....	Pathology.....	Obstetrics.....	Practice.....	Chemistry.....	Material Medica	Therapeutics...	Physiology.....	Total.....	Average.....
79	University of Maryland, '08.....	75	75	73	92	79	65	72	78	76	685	76
80	Johns Hopkins, '08.....	81	98	90	95	89	82	76	82	70	763	84
81	Woman's Medical, '08.....	80	95	83	85	90	78	71	75	75	732	81
82	University of Maryland.....	93	..	..	..	..	83	67	..	93	...	..
83	University of Maryland.....	93	..	..	..	..	74	86	..	75	...	..
84	Baltimore Medical, '08.....	82	80	90	77	75	88	89	75	93	749	83
85	Baltimore Medical, '08.....	73	80	83	91	78	85	85	82	92	749	83
86	Baltimore Medical, '08.....	..	..	..	..	..	..	..	..	..	...	..
87	George Washington University, '08.....	77	90	87	90	94	84	95	88	77	782	86
88	Woman's Medical, Baltimore, '04.....	64	75	65	71	72	62	69	56	80	614	68
89	Jefferson Medical, '08.....	69	75	72	95	71	76	86	85	75	704	78
90	University of Maryland, '08.....	68	75	50	75	75	61	90	75	84	653	73
91	University of Maryland, '08.....	71	85	86	86	75	63	84	86	78	714	79
92	University of Maryland.....	92	..	..	..	..	91	89	..	90	...	..
93	Maryland Medical, '08.....	44	70	35	40	68	37	78	86	63	521	57
94	University of Maryland, '07.....	75	..	75	..	..	75	..	..	..	...	..
95	University of Maryland.....	52	..	..	..	..	61	55	..	75	...	..
96	College of Physicians and Surgeons, Balto.....	..	..	..	..	..	..	..	..	..	...	..
97	Baltimore Medical, '08.....	92	85	94	95	93	94	90	77	85	805	89
98	George Washington University, '08.....	75	75	60	86	83	58	70	91	77	675	75
99	Baltimore University, '07.....	65	70	61	77	69	69	75	78	80	644	71
100	George Washington University, '08.....	65	90	90	93	91	88	94	88	89	788	87
101	University of Maryland.....	86	..	..	..	..	86	91	..	70	...	..
102	University of Maryland, '08.....	90	90	97	95	90	76	78	88	91	795	88
103	University of Maryland, '08.....	..	..	..	..	..	..	..	..	..	...	..
104	University of Maryland, '08.....	96	90	98	95	85	76	84	92	90	806	89
105	University of Maryland.....	79	..	..	..	..	87	88	..	78	...	..
106	University of Maryland, '08.....	57	90	70	90	83	79	87	92	95	743	82
107	Baltimore Medical, '06.....	53	..	57	..	..	43	..	..	..	...	..
108	College of Physicians and Surgeons, Balto.....	95	..	..	..	..	76	86	..	92	...	..
109	Baltimore Medical, '08.....	50	80	57	84	61	65	78	68	75	618	68
110	University of Maryland, '08.....	76	78	82	80	75	65	64	75	80	675	75
111	College of Physicians and Surgeons, Balto., '08.....	78	85	82	90	81	84	80	76	75	731	81
112	Johns Hopkins, '07.....	90	80	99	86	84	76	88	92	82	777	86
113	University of Maryland, '06.....	..	..	..	..	..	75	..	..	..	...	..
114	Woman's Medical, Pennsylvania, '08.....	85	90	72	91	81	60	78	91	80	728	80
115	Woman's Medical, Baltimore, '08.....	90	95	76	89	76	48	86	57	75	692	76
116	Baltimore Medical, '08.....	70	70	41	96	67	76	84	75	85	664	73
117	Maryland Medical, '06.....	39	..	62	..	..	60	..	..	..	...	..
118	College of Physicians and Surgeons, Balto., '08.....	75	90	88	92	82	68	80	84	68	727	80
119	George Washington University, '07.....	..	..	..	..	..	..	..	..	..	...	..
120	Johns Hopkins, '08.....	75	85	90	83	79	62	68	64	75	681	75
121	Howard University, '07.....	90	85	83	97	86	70	90	84	80	765	85
122	Maryland Medical, '08.....	79	90	48	62	68	64	89	79	68	647	71
123	Woman's Medical, Pennsylvania, '08.....	86	95	63	94	89	61	75	76	85	724	80
124	Woman's Medical, Pennsylvania, '08.....	76	90	52	88	77	55	60	87	90	675	75
125	College of Physicians and Surgeons, Balto., '07.....	44	75	48	81	62	60	61	75	75	581	64
126	Baltimore Medical, '08.....	65	75	47	86	75	64	84	86	93	675	75
127	Maryland Medical, '04.....	..	..	30	..	..	55	..	..	..	...	..
128	Woman's Medical, Baltimore, '08.....	63	70	62	95	68	41	71	72	79	621	69
129	Baltimore Medical, '04.....	79	85	80	91	90	58	88	88	97	756	84
130	Baltimore Medical, '08.....	69	90	75	87	75	82	80	84	83	725	80
131	University of Maryland, '08.....	47	85	75	90	71	88	80	70	75	681	75
132	Johns Hopkins, '08.....	83	95	78	90	75	79	78	80	75	733	81
133	Johns Hopkins, '08.....	83	85	93	83	78	84	60	70	78	714	79
134	Johns Hopkins, '08.....	75	90	86	75	83	88	48	76	80	701	77
135	Johns Hopkins, '08.....	81	90	94	90	83	90	75	84	85	772	85
136	University of Maryland, '08.....	75	80	57	76	64	77	62	75	75	641	71
137	Baltimore Medical, '05.....	38	85	51	80	70	63	83	78	88	636	70
138	Johns Hopkins, '08.....	72	75	88	85	81	76	76	75	93	721	80
139	University of Maryland, '08.....	78	85	79	81	80	88	74	86	88	739	82
140	Johns Hopkins, '04.....	84	90	80	78	82	85	84	78	75	736	81
141	University of Maryland, '08.....	43	88	66	75	63	46	60	44	60	545	60
142	University of Maryland.....	91	..	..	..	..	60	88	..	81	...	..
143	Jefferson Medical, '08.....	87	85	78	80	82	80	92	84	75	743	81
144	George Washington University, '08.....	91	95	83	96	95	61	96	91	90	798	88
145	Maryland Medical, '05.....	..	..	..	..	..	..	..	..	..	...	..
146	University of Maryland, '08.....	82	75	84	77	68	43	64	64	83	640	71
147	University of Maryland, '08.....	75	80	84	75	65	62	80	72	82	675	75
148	University of Maryland, '07.....	62	75	57	..	63	40	..	..	69	...	..
149	Maryland Medical, '06.....	65	..	75	..	..	75	..	..	..	...	..
150	Baltimore Medical, '08.....	50	80	64	92	71	66	71	72	78	644	71
151	University of Maryland.....	87	..	..	..	..	75	65	..	75	...	..
152	Baltimore Medical.....	88	..	..	..	..	92	75	..	90	...	..
153	Baltimore Medical, '05.....	..	..	56	..	..	75	..	..	..	...	..
154	Woman's Medical, '08.....	37	85	42	83	77	72	80	78	82	636	70
155	University of Maryland, '08.....	77	70	59	80	56	65	81	80	67	635	70
156	George Washington University, '07.....	68	75	47	75	69	64	80	76	63	617	68
157	University of Pennsylvania, '08.....	87	100	95	85	93	80	94	92	96	822	91
158	Jefferson Medical, '08.....	80	80	78	85	92	83	77	92	75	742	82
159	University of Pennsylvania, '08.....	84	90	98	81	95	83	88	88	87	794	88

Summary of Results of Examination Held by the Board of Medical Examiners of Maryland,
June 16, 17, 18 and 19, 1908—(Continued.)

No.	COLLEGE OF GRADUATION.	Anatomy.....	Surgery.....	Pathology.....	Obstetrics.....	Practice.....	Chemistry.....	Materia Medica	Therapeutics...	Physiology.....	Total.....	Average.....
160	University of Pennsylvania, '08.....	86	90	80	69	90	84	72	75	80	726	80
161	University of Pennsylvania, '08.....	90	90	93	89	80	85	86	86	75	774	86
162	University of Maryland, '08.....	81	98	81	90	84	77	86	98	85	780	86
163	Johns Hopkins, '08.....	79	..	..	..	..	96	88	..	87	..	..
164	University of Pennsylvania, '08.....	75	75	69	77	84	62	79	82	75	678	75
165	University of Pennsylvania, '08.....	82	95	82	88	89	75	75	80	85	751	83
166	Jefferson Medical, '07.....	..	..	63	..	..	53	..	..	..	..	..
167	College of Physicians and Surgeons, '08.....	75	75	66	91	84	64	80	75	93	703	78
168	University of Pennsylvania, '07.....	88	90	75	92	81	78	58	78	86	726	80

In the above summary an average of 75 is required of those participating in the examination for the first time, in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland law, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. Ratings made by these students in the examination, which is known as the "second-year examination," are carried forward and made a part of the final examination, when an average of 75 must be obtained to secure a license.

We trust that this statement will make clear the apparently incomplete examination of certain participants.

REPORT OF BOARD OF MEDICAL EXAMINERS OF MARYLAND.

QUESTIONS AT THE JUNE (1908) EXAMINATIONS.

ANATOMY.

1. Describe the inferior maxilla.
2. Describe the stomach.
3. By the union of what nerves is the brachial plexus formed? Name five branches of the brachial plexus.
4. Describe the palmar arches.
5. Give the origin, course and termination of the saphenous veins.
6. Give attachments, action and nerve supply of the following muscles: Pectoralis minor, serratus magnus, rhomboideus major, and omo-hyoid.

QUESTIONS IN SURGERY.

1. How would you distinguish between a fracture at the neck of the femur without impaction and a dislocation?
2. Give Bryant's and Nelaton's lines for making the measurements. Describe the preparation of patients for the administration of a general surgical anesthetic. Give the treatment of possible asphyxia and syncope.
3. Describe the aseptic preparations necessary for a laparotomy as regards (a) the patient, (b) the surgeon, (c) the assistants, (d) the instruments, (e) the operating-room.

4. Differentiate between fistula and sinus. Describe the surgical treatment of fistula in ano.
5. Mention the most common causes of iritis. Give its symptoms and treatment.
6. Describe an improved method of skin grafting.

PATHOLOGY.

1. Name the organism causing gonorrhea, and give in detail Grams method of staining it.
2. Describe in detail both macroscopically and microscopically what you consider the most characteristic lesion of syphilis in the first and third stages, respectively. Name the organism now said to act as the causative agent.
3. Name two diseases causing marked enlargement of the spleen, and give the gross pathology of each, with a description of the organisms, if any, causing them.
4. Name, in the order of their frequency, the tumors of the breast. State which are malignant, and describe in detail the gross pathology of the most common malignant type and give its usual methods of extension.
5. Give the gross pathology of a case of tuberculosis of the kidney, and describe in de-

tail the method employed in making a bacteriological diagnosis of the same.

6. Give the gross and microscopical pathology of a severe case of iliocolitis of long standing, and name the elements you would expect to find in a specimen of stool from such a case.

OBSTETRICS AND GYNECOLOGY.

1. Give the diameters of the normal female pelvis, and name the points from which they are taken.

2. Describe, in brief, the preparations to be made for labor and delivery.

3. What are the rules governing the introduction of the forceps?

4. Give the varieties and signs of vaginitis, and give their treatment.

5. Give diagnosis, prognosis and treatment of carcinoma of the cervix.

6. What are the chief points in the technique of a laparotomy for the removal of the uterine appendages?

PRACTICE.

1. (a) Define enteroptosis, (b) epidemic parotitis, (c) ulcerative stomatitis, (d) oxyuris vermicularis, (e) cretinism, (f) cholelithiasis.

2. (a) Name the day of eruption in small-pox, chicken-pox, measles and scarlet fever. (b) Give the duration of infection in each disease.

3. What are the symptoms of angina pectoris, and with what conditions is it associated?

4. Name the varieties of chronic nephritis. Give symptoms and treatment of one variety.

5. Describe symptoms of intestinal obstruction, and name three types.

6. What are the symptoms of thoracic empyema, and what is its treatment?

CHEMISTRY.

1. Give a general description of the element oxygen, stating its occurrence in nature, its general properties, and describe, briefly, the part it plays in the chemistry of respiration.

2. Give a general description of the element nitrogen, stating its occurrence in nature, its general properties, and explain the significance of the occurrence of nitrogen compounds in drinking water.

3. Name the salts of iron most frequently used in medicine, and give the general properties of each. Name and give method of preparation of the iron derivative used in arsenical poisoning.

4. Describe in detail two reliable tests for the detection of albumen in the urine, and give the quantitative test for albumen.

5. Give in detail two reliable tests for the detection of sugar in the urine.

6. Give in detail a reliable test for the estimation of the total acidity of a specimen of gastric contents.

MATERIA MEDICA.

1. Ferrum—official preparations and incompatibles.

2. Define anesthetic, aphrodisiac, cholagogue, diaphoretic, diuretic, emetic, emmenagogue, hypnotic, mydriatic, myotic. Name one of each.

3. Ipecacuanha—official preparations, their doses, and physiological action.

4. Oleum tigllii, liquor potassi arsenitis, oleum morrhuae, antimonii et potassii tartras, oleum ricini, extractum hamamelidis fluidum. Common name and dose of each.

5. Cinchona, its alkaloids and physiological action.

6. Mineral acids—Aconite, arsenic, carbolic acid, corrosive sublimate, strychnine. Antidote of each.

THERAPEUTICS.

1. Therapeutic uses and physiological actions of strychnia. Symptoms and treatment of poisoning.

2. Digitalis, its therapeutic uses and contraindications for its use.

3. Write a prescription for diarrhea, using Latin terms without abbreviations.

4. Plumbum—symptoms and treatment of chronic poisoning.

5. Give the different methods of administering drugs.

6. Chloral hydrate, its therapeutic uses and the contraindications for its use. Symptoms and treatment of an overdose.

PHYSIOLOGY.

1. Describe the act of respiration. (b) Describe Cheyne-Stokes respiration.

2. Define nitrogenous equilibrium and respiratory quotient.

3. What is meant by the terms gastric secretion and pancreatic secretion? (b) What secretion of the body contains a free acid? Name the acid.

4. What is meant by diffusion and osmosis?

5. Define secretion and excretion. (b) What organs of the body are purely excretory?

6. Name and describe the components of the blood. (b) Give the specific gravity of blood.

Announcements.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

THE American Association of Obstetricians and Gynecologists will hold its twenty-first annual meeting at the Hotel Belvedere, Chase and Charles streets, Baltimore, Md., Tuesday, Wednesday and Thursday, September 22, 23 and 24, 1908, under the presidency of Dr. E. Gustav Zinke of Cincinnati. Drs. W. A. B. Sellman, Joseph H. Branham and William S. Smith of Baltimore constitute the committee of arrangements.

The association will meet in executive session with closed doors on Tuesday, September 22, at 9.30 A. M., for the election of new fellows. An address of welcome will be made in open session at 9.50, and the reading of papers will begin at 10 o'clock, to continue until 1 o'clock P. M. Recess will be taken for luncheon from 1 to 2.30 P. M., when the afternoon session will begin and continue until 6 o'clock.

On Wednesday the morning session will begin at 9.30 o'clock for the reading of scientific papers. Recess for luncheon will take place at 1 o'clock P. M.; afternoon session at 2.30 o'clock. At 5.30 o'clock an executive session will be held with closed doors for the election of officers and for such other business as may come before the association under the rules.

On Thursday the morning session will begin at 9.30 o'clock, to continue until 1 o'clock P. M., when recess will be taken for luncheon. The afternoon session will be called at 2.30 o'clock, and at 5 o'clock the closing ceremonies will be held. A full attendance is especially requested at the final session.

Dr. Howard A. Kelly will hold a clinic Wednesday at 9 A. M. at the Johns Hopkins Hospital. At 12.30 a luncheon will be served to the fellows by the hospital authorities. The committee of arrangements has in contemplation a luncheon to the association at the University Club, Madison and Charles streets, at 1 P. M. Thursday.

At 7 o'clock P. M. Wednesday the annual dinner will be served at the Hotel Belvedere. The cost of each cover will be \$3, which will provide an excellent service, exclusive of wines.

Every member who contemplates attending the dinner is requested to notify the secretary

and likewise designate how many covers he wishes reserved for himself and any guests whom he desires to invite.

The hours named in the foregoing schedule are subject to change by vote of the association or executive council.

NEW MEDICAL DIRECTOR.

DR. WALTER S. CARSWELL has associated himself with Mrs. D. K. Carter, and will act as medical director of Edgewood Sanitarium at Govans, Md., for the treatment of nervous and mental diseases.

Editorial Comment.

PUBLIC MEDICINE AND ITS RELATION TO SOCIETY.

Medical Record.

THE rôle of the physician has changed greatly during the past few years. At a time not long ago his sole recognized office was to treat and cure, or try to cure, disease. Whatever may have been the results of his efforts in this direction, and statistics seem to show that they were not unsatisfactory, at least so far as his own pocket was concerned they were more favorable to him than they are now under existing conditions. Prevention of disease, rather than treatment, is the object now aimed at, and the physician is coming to be regarded more as a worker for the community at large than for the individual. In times that are past, or passing, the medical man's only place was in the sick room and in the hospital, where, naturally, he was all-powerful. Now he is not only the dictator in the sick room and in the hospital, but his presence has been demanded in the school, the workshop, the factory and the mine. Formerly the function of the physician was to attend to the sufferings of the sick, but at the present time his scope of work has been greatly amplified, and his labors have been extended to the care of those in apparent health, in order to ensure that the conditions under which they live are such as not to endanger their health and vigor; in fact, what with notification, isolation, medical inspection in schools, the physician is really oftentimes more of an official than a medical guide. The question is, has this evolution and development worked for the public good.

MARYLAND MEDICAL JOURNAL

A Journal of Medicine and Surgery

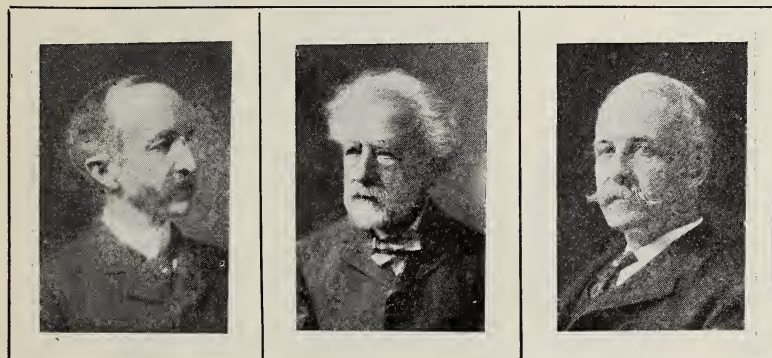
Vol. LI, No 10

BALTIMORE, OCTOBER, 1908

Whole No. 1085

A STROLL THROUGH THE TUBERCULOSIS EXHIBIT.

By the Contributing Editor.

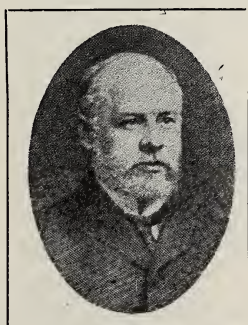


TRUDEAU

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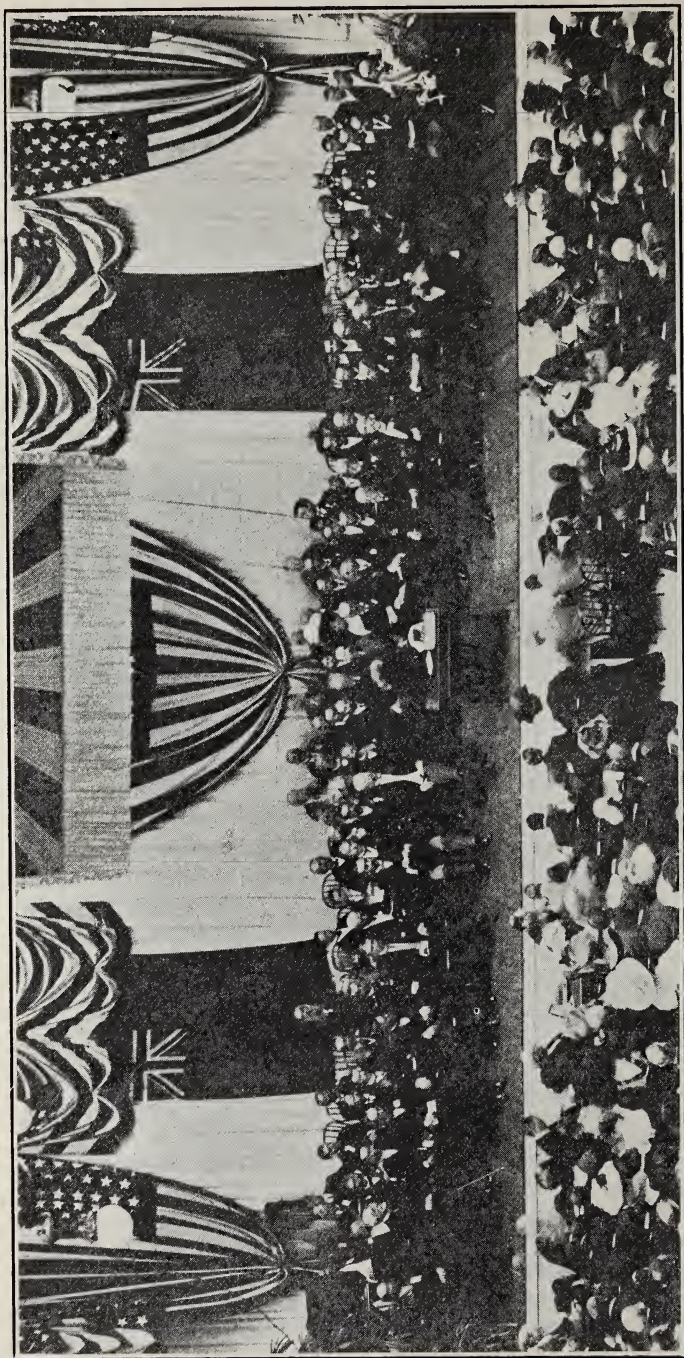
In a recent all too exhibit, of which in our last issue, tain an estimate of which it would for whose benefit, ten up. Our con-intelligent layman thoughtfully with-ing of views and struction, with new in the war against which his fellow-medical profession, are so actively and so hopefully en-gaged.



WELCH

brief visit to this mention was made we sought to ob-the helpfulness with appeal to laymen, largely, it was got-viction is that no could go over it out a great widen-very helpful in-incident to enlist tuberculosis, in citizens, led by the

Beginning with the exhibit of Maryland, we found it in every way creditable, and, as we had expected, from the earnestness of the men who got it up, an equal of the best there displayed. Perhaps most impressive to us were the evidences of enthusiastic participation on the part of the labor organizations (a list of whose names is posted) with the Maryland Association for the Prevention and Relief of Tuberculosis. These strong bodies of



OFFICIAL OPENING OF THE INTERNATIONAL CONGRESS ON TUBERCULOSIS, NATIONAL MUSEUM, WASHINGTON, D. C., SEPTEMBER 28, 1908. SECRETARY CORTELYOU, REPRESENTING THE UNITED STATES GOVERNMENT, DELIVERING THE OPENING ADDRESS. THE MOST NOTABLE GATHERING OF ITS KIND IN THE HISTORY OF THE WORLD. THE NEXT CONGRESS WILL CONVENE IN ROME, 1911. —
Photo by National Press Association

workingmen are very nearly affected in their homes and in their factories by the ravages of this disease, and a general participation by them in the campaign now undertaken would immensely advance its noble ends.

The next most striking exhibit was one which illustrated, by a remarkable series of photographs, a large number of cases in which city patients, either by their own handiwork or with the aid of benevolent societies, had constructed for themselves outdoor sleeping-rooms in the most unpromising situations. A day shack had been knocked together in a city yard by a patient out of odds and ends of wood; attic-rooms had been changed to open-air apartments for outdoor sleeping; a number of verandas were shown which had been turned into bedrooms, one of them by the patient's own hands at a cost of only \$3.

There is a strong tendency nowadays toward the belief that the treatment of city consumptives slightly affected, if very prolonged, will be necessarily conducted to a large extent not in sanitariums, but in their own homes, while they perforce are obliged to do something toward the earning of their own support and that of their families. To this end it is evident that the thought of sanitarians will have to be more and more directed to the securing of more wholesome adjustments of the patient to his ordinary surroundings.

The Baltimore City Health Department presented practically an epitome of its excellent work—bacteriological, sanitary and statistical.

The model of the Phipps Dispensary was very attractive, with the tent for fresh-air treatment and descriptions of the cases of patients. The visiting nurse's basket also aroused attention.

The models of the buildings at Eudowood showed the excellent work done in that institution, and there was a fine exhibit of the new State hospital at Sabillasville.

The exhibit of the State Board of Health, showing in a realistic way the dissemination and correction by the health laws of tubercular contagion, though somewhat intricate, seemed to have a peculiar fascination for the lay mind.

The State Lunacy Commission had in its exhibit some particularly fine photographs of the sun parlors at Bayview for the tubercular insane.

The models exhibited by the Maryland Agricultural College, showing good and bad stabling for cows, with apparatus for clean milking and tubercular tests, were very striking.

The Federated Jewish Charities of Baltimore had a number of interesting things to show, including pictures of the Epstein Memorial Building.

Among fine exhibits which bore less directly upon the prevention of tubercular contagion were those of Dr. Taylor's work in his Hospital for Crippled Children, and of Miss Barnwell's plaster of paris work for spinal deformities and school for the teaching of her younger patients.

There was a great deal more deserving of favorable mention in



MARYLAND EXHIBIT

the Maryland exhibit, but how attractive it was as a whole these brief examples will sufficiently show.

Wandering from this central point, we were very much impressed by the exhibits of Rhode Island, especially a model (actual size) of a "horrible room," as a lay observer expressed it, turned by a little kindly attention into a really comfortable bed chamber. As the lady remarked after leaving the Museum, the condition of this first room was the only thing that really haunted her. The Providence sleeping-bag, with a number of sleeping-bags in the other exhibits, excited much interest.

While we were examining these departments a man with a megaphone marched through the halls proclaiming that a demonstration and lecture would be held immediately in the Wisconsin exhibit. This is one of the most helpful features of the whole Congress—the almost hourly lectures and demonstrations given by thoroughly informed lecturers concerning the important points of the things shown in the different departments.

Massachusetts sent a very large and important contribution well worth detailed study, particularly with reference to factory conditions.

When we inquired from attendants what was the most striking exhibit of all, especially in new features, the invariable reply was, "Probably that of New York, which shows *everything*." Following this advice, we found this department fully up to the reputation given it—models of the Clinton Prison, of the hospital on Blackwell's Island, the Loomis Sanitarium models, and those of the

Sea Breeze Home, the first seaside hospital in America for tuberculosis of the bones in children.

Colorado presented a very striking relief map of the whole State.

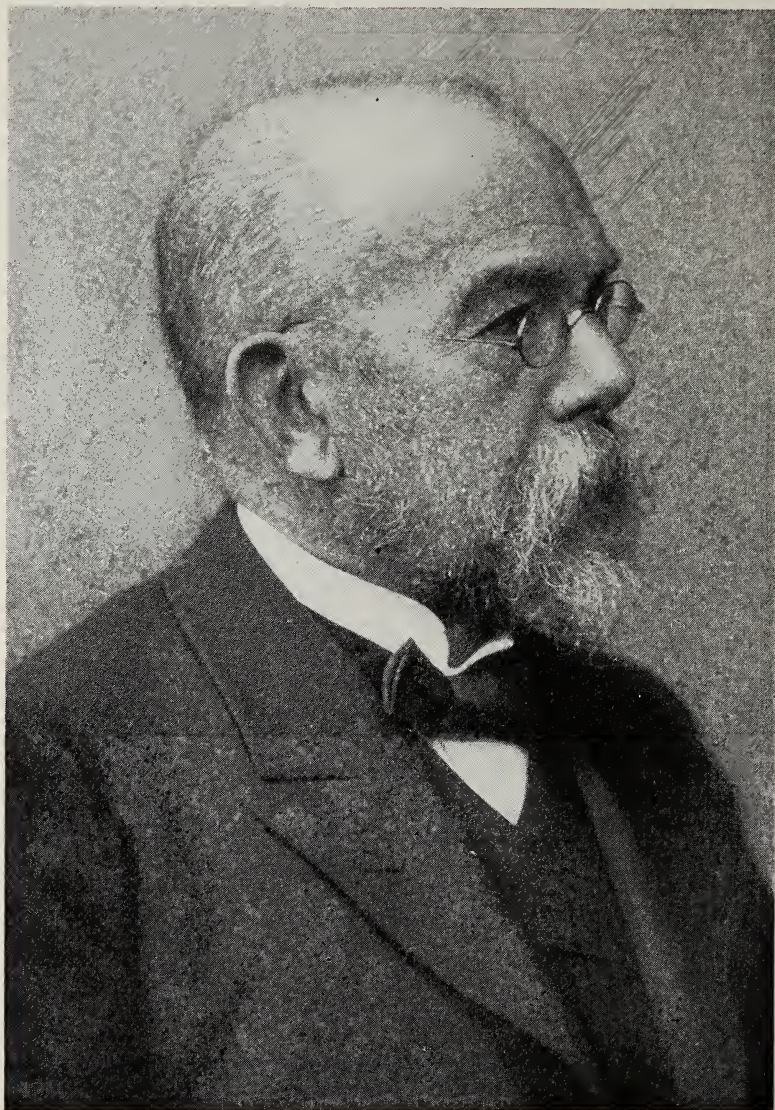
The handsome exhibits of the Federal Government, devoted very largely to the scientific side of the study and prevention of tuberculosis, added very greatly to the interest of visitors.

There were two national associations, covering the whole country, whose exhibits attracted universal attention. The National Association for the Study and Prevention of Tuberculosis had hung large maps showing the location of all dispensaries, sanatoria and hospitals in the United States in 1904 and again in 1908; also a map of the itinerary of its tuberculosis exhibition through the different States from 1905 to 1908. The model playgrounds of the Playground Association of America—municipal, school and in private yards—very strikingly taught what must soon be done for city children, especially of the poor, by all of our great municipalities.

Among the exhibits from foreign countries the most impressive was perhaps that from Germany, especially a model twenty feet square of a sanitarium near Berlin. The extensive foreign exhibits from Canada, South America, European countries, Russia and Japan were necessarily to a large extent pathological and diagrammatic and less attractive to the lay mind, which is best instructed by object lessons which appeal strongly to passing observation.



MARYLAND EXHIBIT



HIS EXCELLENCY ROBERT KOCH
Acting Privy Councillor, the Discoverer of the Tubercle Bacillus

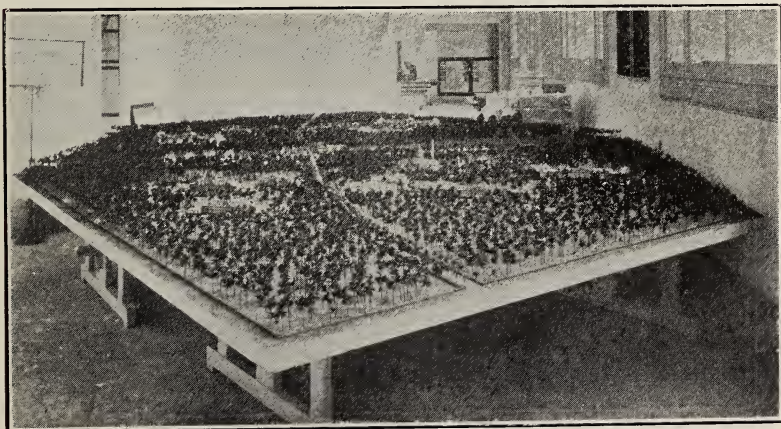
EXCERPT FROM DR. KOCH'S ADDRESS

As a delegate of Germany I have the honor to express the thanks of the Imperial German Government for the invitation to participate in this Congress, and it gives me the greatest pleasure to convey the good wishes for success in your work.

The tuberculosis situation in Germany has become distinctly favorable during the last three decades. Thus, for example, the rate of mortality due to tuberculosis in Prussia has been reduced to practically one-half. This is equivalent to a gain of about 30,000 lives per annum. In Germany we do not, however, rest content with this degree, nor do we think that this reduction will continue at the same rate. We are active in trying, not only to maintain, but to enhance this diminution. For this purpose numerous sanatoria have been established, in which annually 40,000 tuberculosis patients are cared for during a period of three months.

Furthermore, there have been established in many of our large cities so-called "Fürsorgestellen" for tuberculosis patients, where most efficient preventive work is being done. The enactment of laws for the improvement of the housing of the masses is contemplated, and is at present much discussed. For a more thorough study of tuberculosis in all its aspects, and in order to find new ways and means for effectually combating tuberculosis, the Robert Koch Stiftung has been created. The work of this institute will not be restricted to Germany, but all nations will be benefited thereby. It is for this reason that I recommend the Robert Koch Stiftung to the good will of all those who desire to participate in the general crusade against tuberculosis.

You will realize that in view of this the German Government takes a particular interest in all that tends toward the solution of the tuberculosis problem, and you may rest assured that Germany watches the deliberations of this Congress with the keenest interest.



MODEL OF THE FAMOUS SANITARIUM, NEAR BERLIN, GERMAN EXHIBIT



OLD BALTIMORE (OR MARYLAND) HOSPITAL WITH PORTRAIT OF DR. RICHARD SPRIGG STEUART. LIMITED TO THE TREATMENT OF THE INSANE IN 1838. SITE NOW OCCUPIED BY THE JOHNS HOPKINS HOSPITAL BUILDINGS.

MARYLAND HOSPITAL FOR THE INSANE.*

THE history of this hospital leads us back to a time when Baltimore was a thriving city of 20,000 inhabitants and by securing incorporation had taken its place as a leading commercial center of the new Union. It was a time of very great activity in the little medical circle of the town; a board of health had been organized to prevent the introduction of pestilential disease, and was establishing a temporary encampment for the sick in the prevailing epidemic. Dr. Wiesenthall had started a course of lectures on anatomy and surgery; Annapolis had declared quarantine against Baltimore; Drs. Davidge and Potter had settled in the city, and Dr. Peter Chatard—names to conjure with in those days; a patent had been taken out for antibilious pills, the first patent medicine in the United States.

Very fatal epidemics, more or less obscure, had been raging of late years in the ill-drained young city; the "malignant epidemic fever," according to some; the "bilious remittent fever" of others, had gradually developed into unmistakable *yellow fever*. The quarantine hospital at Hawkins Point being insufficient to meet the needs, the Legislature authorized in 1798 the erection of a hospital near Baltimore for general sickness and insanity, appropriating \$8000 for the purpose, special attention being paid to the needs of sick sailors. In furtherance of this worthy enterprise Mr. Jeremiah Yellot, a citizen of Baltimore, had presented to the State of Maryland a plot of ground containing seven acres, situated by the side of the Joppa road "on a commanding hill over-

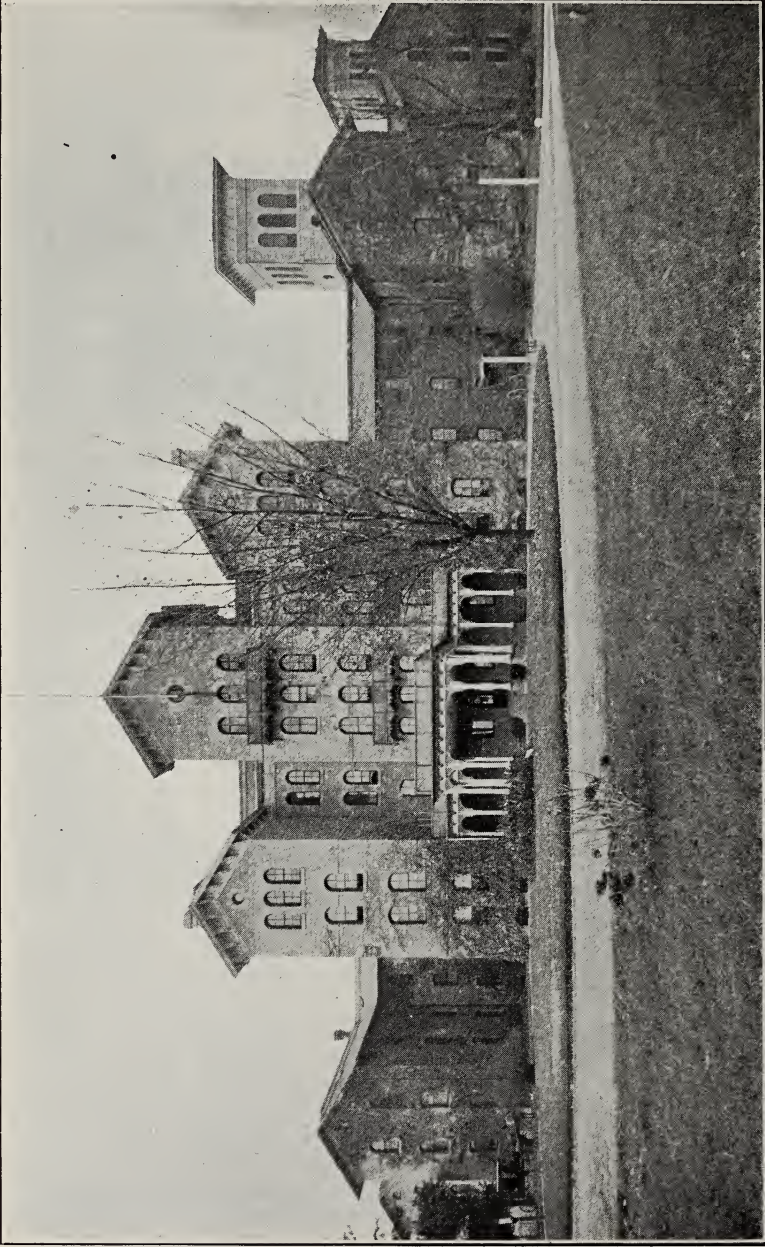
*The first of a series of articles on Psychiatry in Maryland. Next month consideration will be given Mount Hope Retreat.

looking the town, country and river," and soon afterwards the corporation and the citizens of Baltimore raised the additional sum of \$18,000, with which a building was erected sufficient for the needs of the community at that time. The site is that now occupied by the Johns Hopkins Hospital, and the buildings, enlarged from time to time, must, as shown by the cut, have presented a very imposing appearance.

At this time Baltimore alone took an interest in the conduct of the hospital, called officially the Maryland Hospital, and for 26 years the city leased it to two kindly and enterprising physicians, Drs. Smith and Mackenzie, under whose management it was declared that "no general hospital in the country was better conducted or produced more happy results." During the campaign of 1814 over 200 sick and wounded soldiers were cared for in it.

In 1834 the State awoke to its responsibilities and its rights and took control of the hospital, committing it to the care of a president, Dr. Richard Sprigg Steuart, and board of visitors, who engaged the services of the Sisters of Charity as nurses, matron and stewardess. After six years' trial the time-honored dispute as to who should have paramount control over the management of the patients led to a dissolution of this engagement, although the Sisters were acknowledged to have been good and faithful nurses. As other hospitals had been founded for the care of general sicknesses, the Maryland Hospital had come to be reserved more and more for the insane, and at this time half of the patients were lunatics. In 1849, being requested to provide better accommodations for the insane, the Legislature authorized the purchase of grounds for a new hospital at Spring Grove, Catonsville, which should be devoted exclusively to the care of the insane. Here the erection of a new hospital was begun in 1852. This noteworthy advance was due in great measure to the efforts of an "indefatigable lady (apparently Miss Dix), everywhere known in North America as a memorialist to the humanity, the science and the wealth power of the age for favor to the insane population, who many times visited the capitol during the session of 1852 especially to plead this cause."

During its whole history the Maryland Hospital, in its care of the insane, seems to have been a pioneer in the application of the most advanced principles. Although every sort of insanity was received without selection, the principle of freedom from restraint was the rule of the institution. Only the mildest forms of restriction were permitted, and that not without the physician's prescription. "The leather muff, mittens or leather straps are the only means we have used for some years. We have never resorted to iron fetters of any kind, to the straight-jacket or the tranquilizing chair. During the last 12 months there have been not more than two of our inmates at any one time subjected to corporeal restraint. We believe that these mild measures are less irritating and offensive to the patients than the presence of attendants occupied in obtaining repression by muscular force or by any intimidating measures they may be likely to employ. During the last three



MARYLAND HOSPITAL FOR THE INSANE. 1908

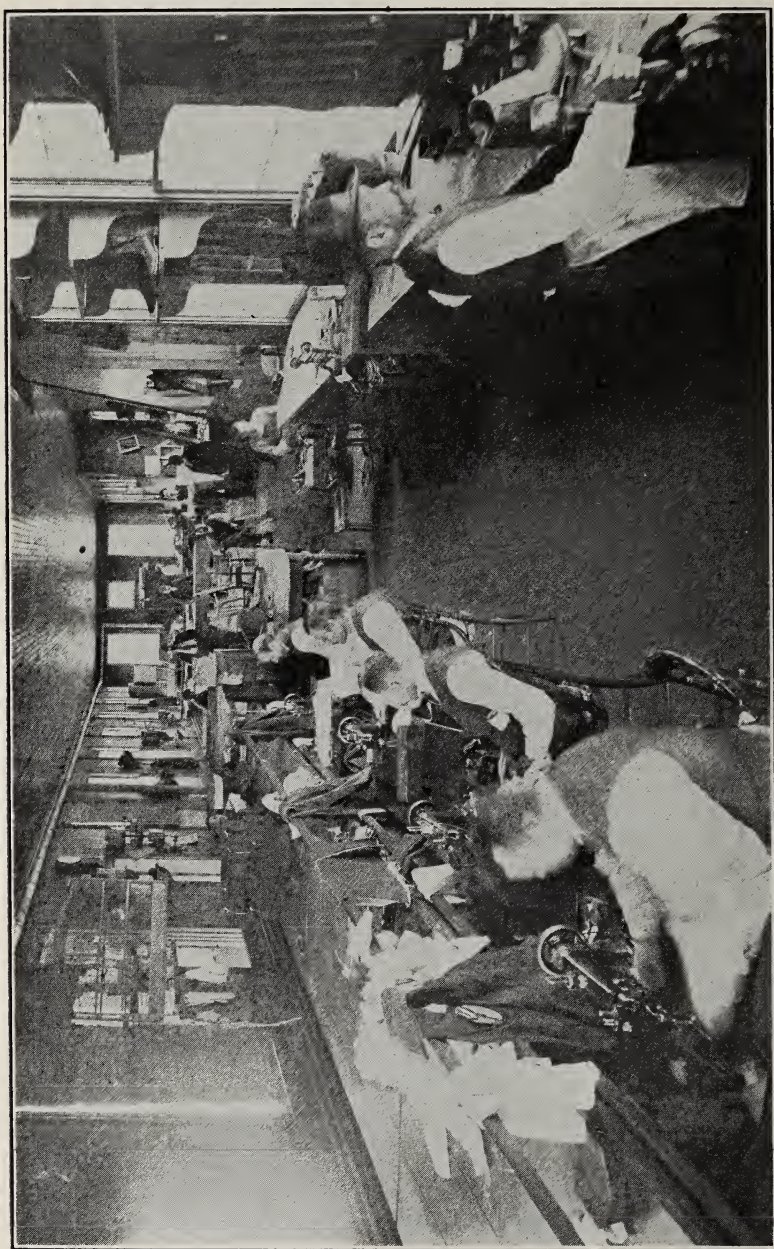
years we have rarely had more than three or four of the inmates confined to their rooms at one time."

The modern ideas of occupation for the patients seem to have been well carried out. The men were as far as possible kept busy with manual labor, farming and gardening and floriculture. With considerable pride record is made of one case in which an insane farmer, suffering from "monomania with depression" and tendency to suicide, completely recovered when induced to take part in the harvesting and other field work. The carpenter's shop, the preparation of firewood, etc., were also resorted to. The women were kept busy with sewing, knitting and other forms of housework. Recreation was encouraged. "Our carriages and horses are put in requisition almost every day in suitable weather, the female patients riding in the morning, the male in the afternoon, to a distance perhaps of as much as 15 miles." The men were encouraged to form walking parties, with or without attendants. All day fishing excursions were an event; literary pursuits were encouraged, and music. The effect of labor and amusements was found to be very beneficial to all classes of patients. Segregation of the sexes and of the noisy from the more quiet was carefully carried out.

To the new hospital at Spring Grove, which had temporarily been used for the care of wounded soldiers in the Civil War, 112 patients were transferred in 1872 from the building on Broadway, which was then made over to Mr. Johns Hopkins, who had purchased it as a site for his hospital, which had been incorporated five years before.

It is interesting to notice the progress in classification of patients during the period which we have just described. At first there were four forms of insanity, briefly stated—mania, monomania, dementia and idiocy. Later a fifth form was added to these, moral insanity; then for a long time no classification at all was ventured upon. At the time of removal to the new hospital the assistant physician offered a classification which was considered one of the best of its age. This divided insanity into four general classes: three conditions of depression—hypochondria, nostalgia and melancholia; four conditions of exaltation—mania, epileptic mania, monomania and amenomania; five conditions of mental weakness—idiocy, imbecility, cretinism, dementia and general paresis; "six conditions known as moral insanity without intellectual aberration"—homicidal insanity, suicidal insanity, pyromania, dipsomania, kleptomania and erotomania.

The founder of the new insane hospital at Spring Grove, its superintendent and president of the board of visitors for many years, who had previously superintended for many years the older hospital, was, as we have said, Dr. Richard Sprigg Stuart. Dr. Cordell describes him as "an enlightened physician, an alienist and a gentleman of most courteous manners." His portrait, which we present in this number, bespeaks also his high intelligence and ancestral culture. Honored by a professorship of practice of medicine in the University of Maryland, by the presidency of the Medical and Chirurgical Faculty, of which he had been the orator;



INDUSTRIAL SHOP.

by the vice-presidency of the American Medical Association, he devoted his time and his talents, his life and his means unreservedly to the promotion of the interests of the insane. "Although," says Cordell, "malign influences caused his temporary displacement from the control of his life-long work, he yet lived long enough to see the completion of his labor in an asylum which will prove an ever-enduring monument to his benevolence and his humanity."

Much able work in the care and study of insanity had been done likewise by Dr. John Fonernden, a Baltimorean, who, beginning as attending physician to the Baltimore General Dispensary, the training ground of many excellent physicians in olden days, was honored with many positions of high responsibility in the profession, and during the last 23 years of his life was medical superintendent of the older hospital on Broadway. His tragic death under an operation at Boston in 1869, alone and unknown, shrouded in special pathos the close of his life "as an eminent alienist and philanthropist."

At Spring Grove the same general lines of treatment were followed that had been outlined in the older institution. Under Dr. Steuart, and later under Dr. Richard Gundry and Dr. Rohé, the keynote of the institution has ever been industrial occupation for the inmates. On a recent visit the courteous superintendent, Dr. J. Percy Wade, informed us that he believed the industrial method for cure and for the promotion of general welfare had been in this institution developed to its fullest possible extent. Eighty-five per cent. of the inmates were employed in one way or in another about the institution. The farm, which produced more than \$18,000 worth of eatables last year, was operated entirely by the patients under the guidance of six paid foremen. The industrial shop, the upholstery shop, the tin shop were conducted on the same principle, there being but one sane man, the manager, in charge of a shop of 25 inmates. Altogether the men manufactured in the shops 2500 articles and repaired about 5000. The newspaper is edited and printed entirely by patients, with only a slight restrictive superintendence of the matter by the superintendent. The women are likewise kept busy, though the facilities for their occupation are very much more limited. The sewing-room manufactured over 8000 articles and repaired over 7000. Speaking roughly, the inmates make nearly everything they use. No work is done on Sunday; nothing is sold; no pay is given for the work done. But industrious workmen are rewarded by extra privileges, such as special liberties, the right to keep pets, and the like. Tent life is provided for patients with tuberculosis. The institution is not without locks and bars, but the restraints used are as mild as possible with the force of attendants provided by the State. For the hopelessly insane it is thus a sheltered, busy home; for the curable it is a hospital, with occupation-diversion.

Apart from the usual clinical and pathological work, there are no scientific studies from this hospital at present ready for publication.



J. PERCY WADE, M.D.
Superintendent of the Maryland Hospital for the Insane



PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLENNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGleNNan, 847 North Eutaw Street, Baltimore.

COUNTY MEDICAL SOCIETY MEETINGS

ALLEGANY COUNTY MEDICAL SOCIETY.

THE Allegany County Medical Society continued its post-graduate work as follows:

September 2, at 8 P. M.

Embryology. Dr. Johnson.
Multiple Pregnancy. Dr. Buell.
Antenatal Pathology. Dr. Wailes.

September 9, at 8 P. M.

Changes in Uterus and Appendages During Pregnancy. Dr. Broadrup.
Changes in Other Organs and Structures During Pregnancy. Dr. Franklin.
Diagnosis of Pregnancy. Dr. Duke.

September 16, at 8 P. M.

Diseases Due to Pregnancy—Toxemia, Emesis, Eclampsia. Dr. Koon.
Medical Diseases Complicating Pregnancy. Dr. Gardner.
Surgical and Gynecological Affections Complicating Pregnancy. Dr. McDonald.

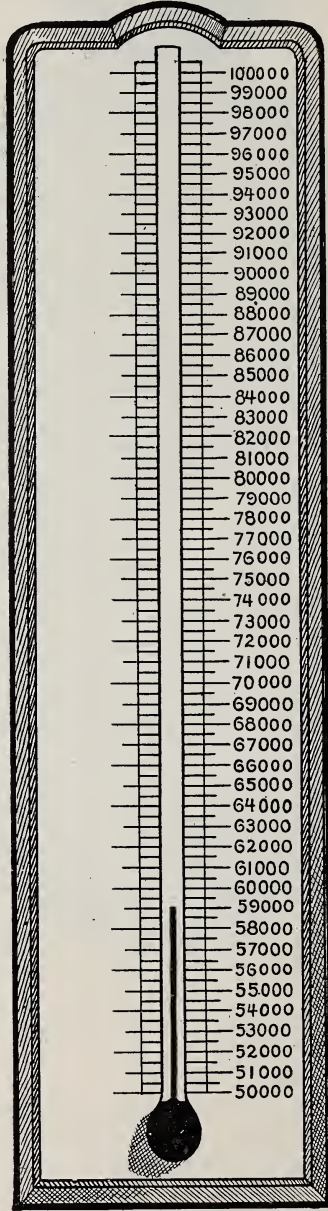
September 23, at 8 P. M.

Abortion. Dr. Claybrook.
Extrauterine Pregnancy. Dr. Harris.
Differential Diagnosis of Pregnancy. Dr. Owens.
Management of Pregnancy. Dr. Hodgson.

September 30, at 8 P. M.

Anatomy Ileum and Cecum. Dr. Foard.
Physiology of Ileum and Cecum. Dr. Jones.
Vessels, Nerves and Lymphatics. Dr. Fechtig.

**\$100,000.00 TO BE RAISED
BY APRIL 30, 1909.**



"HELP IT RISE"

SEMI-ANNUAL MEETING, OCEAN CITY, MD., SEPTEMBER 15-17, 1908.

MINUTES OF THE GENERAL SESSION.

SEPTEMBER 16—WEDNESDAY MORNING.

The opening session was called to order by the President, Dr. Brice W. Goldsborough, in the Casino of the Plimhimmon Hotel, at 10 o'clock, and the following programme was carried out:

Address of welcome, Worcester County Medical Society. Dr. J. S. Aydelotte.

Two cases of yellow atrophy of the liver, with pathological report and urinalysis. Drs. E. Novak and E. L. Whitney.

Acute pancreatitis. Dr. A. C. Harrison; read by Dr. W. O. Wise.

On the motion of Dr. W. S. Gardner, seconded by Dr. G. Milton Linthicum, the action of the Building Committee of this Faculty (in charge of the new building on the Cathedral Street lot, in the City of Baltimore), in negotiating a loan of Twenty-five Thousand (\$25,000.00) Dollars from "The Maryland Savings Bank of Baltimore City," for five years with interest at five percentum per annum, payable semi-annually on March and September 1st, in each year, on the note of the Faculty secured by a first mortgage upon said lot and improvements belonging to this Faculty, is approved, ratified and confirmed, and the action of the officers of the Faculty in executing and delivering said note and mortgage to said Bank is also approved, ratified and confirmed, and the said committee is authorized and directed to borrow from said Bank on additional note or notes of this Faculty, to be secured by mortgage or mortgages on said property, (to be executed and delivered by proper officers of this Faculty), any additional sum or sums, not exceeding Fifteen Thousand (\$15,000.00) Dollars, that may be necessary to complete the erection of said improvements according to the plans and specifications prepared by Ellicott and Enmart, architects, and heretofore accepted by said Committee.

WEDNESDAY AFTERNOON.

The afternoon session was called to order at 2 P. M., and the following papers were read:

A plea for the more frequent performance of Cesarean section. Dr. L. M. Allen.

Conditions necessary for successful surgical work, with a report of some interesting cases. Dr. Charles F. Davidson.

Bacteriological facts. Dr. Wm. Royal Stokes; read by Dr. M. L. Price.

The above papers were discussed by Drs. L. E. Neale, G. M. Linthicum, H. O. Reik, C. F. Burnam, W. T. Watson, W. S. Gardner, J. E. Deets, and E. Novak.

WEDNESDAY EVENING.

The evening session was called to order at 8.30 P. M., and the following papers were read:

Address by the President. Dr. Brice W. Goldsborough.

Report of the Building Committee. Dr. G. Milton Linthicum.

The International Tuberculosis Congress. Dr. M. L. Price.

Some account of the prosecution of unregistered physicians of Baltimore City. Dr. Herbert Harlan.

A unanimous vote of thanks was tendered to Dr. E. N. Brush, who has presented the Faculty with the brick to be used in the front of the new Library Building.

SEPTEMBER 17, 1908—THURSDAY MORNING.

The last session was called to order Thursday morning, at 10 A. M.

Before beginning the programme the following resolution was adopted and the Secretary was instructed to send a copy of same to Dr. Brayshaw:

Whereas, our esteemed confrere and active fellow-member, Dr. Thomas H. Brayshaw, has recently suffered an irreparable loss, in the death of his beloved and devoted wife; and,

Whereas, we have, in consequence thereof, been deprived of the pleasure and benefit of his association with us at this time:—

Therefore: Be it resolved, that we, the members of the Medical and Chirurgical Faculty of Maryland, in semi-annual session assembled, at Ocean City, adopt this feeble means of expressing to Dr. Brayshaw our deep sympathy with him in this hour of affliction and of assuring him that we invoke upon him that divine blessing, which alone can enable a man to bear nobly the burden that has fallen upon him.

The papers were as follows:

Trend of modern psychiatry. Dr. E. N. Brush, Supt. Sheppard and Enoch Pratt Hospital.

Remarks on the employment of the insane. Dr. J. Percy Wade (*read by title*), Supt. Spring Grove Hospital for Insane.

Observations on the open-door treatment of the insane. Dr. J. C. Clarke, Supt. Springfield Hospital for Insane.

Abuses in the care of the insane in the counties. Mr. H. Wirt Steele, Gen. Sec. State Conference of Charities.

The need of State care for the insane. Dr. A. P. Herring, Sec. of State Lunacy Commission.

Discussion of the above was participated in by the following physicians: Drs. E. N. Brush, A. P. Herring, G. M. Linthicum, W. M. Twigg, and J. A. Williams.

After extending to Mrs. Thomas M. Shreeve a vote of thanks for her courtesy, the meeting adjourned.

REPORTS OF COMMITTEES, ETC., SUBMITTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY, APRIL 28-30, 1908.

REPORT OF THE LIBRARY COMMITTEE.

Your Committee has held monthly meetings throughout the year, and has expended the funds at its command in what appeared to be the most judicious manner. Our efforts in this direction have

been greatly aided by the intelligent co-operation of the various American medical publishers, who have sent for inspection all works published by them. As a result many books have impressed us so favorably that they have been bought for the Library, while otherwise they would have passed unnoticed.

We desire to direct attention to the fact that all books sent for inspection are placed in a special case, so that those using the Library have an opportunity to inspect them whether they are purchased or not.

In view of the vast scope of medical literature it is impossible for your Committee to keep thoroughly informed as to the needs of all members of the Faculty, particularly those interested in some of the specialties. Therefore, we shall welcome suggestions for the purchase of books and journals, and urge the members to send us the titles and place of publication of works which they feel should be upon the shelves of the Library.

The erection of the Librarian's office in the court-yard adjoining the main reading-room has added greatly to our comfort and has materially increased the facilities for administration, but at the same time this slight improvement has still further accentuated the necessity for the new Library building, which we hope may be available by another year.

It is our pleasant duty to impress upon the Faculty our continued indebtedness to the contributors to the Frick Fund and to the Book and Journal Club, without whose generous aid the work of the Library would be seriously crippled. Unfortunately, the interest in the latter has waned to some extent, and its contribution has been smaller than for several years. We therefore urge all members of the Faculty, who do not subscribe to it, to do so if possible, as in no other way can they contribute more materially to the welfare of the Library.

In conclusion, we desire to express our appreciation of the conscientious work of Miss Noyes, the Librarian, and to thank her for the help which she has constantly afforded the Committee.

Respectfully submitted,

HENRY BARTON JACOBS,
MARY SHERWOOD,
THOS. B. FUTCHER,
HARRY ADLER,
J. WHITRIDGE WILLIAMS,
Chairman.

LIBRARIAN'S REPORT.

January 1 to December 31, 1907.

Mr. Chairman and Members of the Library Committee:

The one important thing accomplished during the year has been the sorting of the thousands of unbound journals, reprints and reports which were stored in the basement. This occupied the entire summer, and a special assistant was employed for the work

from the money contributed to the Library Fund from the medical schools. This work may only be done in the warm weather, and there was not sufficient time to sort the hundreds of books which have accumulated in the past three years.

A second assistant is required permanently to keep the work up to date. With the additional work that the campaign to raise funds for the new building has entailed, and the administrative work for the State Society, it is not possible to give any more time to the Library than the routine work demands, and there are in consequence many things that remain undone. It would have been impossible to have handled the work the past few months but for the addition to the office which was built in the summer. It has been impracticable to take stock of the books on the shelves as had been planned, or to utilize the cards from the Library of Congress in our catalogue; but with the aid of a third employee the Library could be put in condition to be of far greater assistance to consultants.

The physicians using books in the Frick Reading Room number 3634, and 1247 volumes have been borrowed for home use. There were 712 volumes added during the year, making the total of 16,825, of which 5518 are bound journals. To this will be added the hundreds of books stored in the basement as soon as they may be sorted.

The move to the present building incited many families to deposit with us the libraries of deceased members, and with the prospect in view of a fireproof building, in which to guard our treasures, it may be of interest to future donors to note some of the pictures and books which are in our collection.

Among the most interesting of the pictures is that of one of the first rooms in the world to be used for anatomical purposes. This was at the University of Bologna, founded in 1110, and is quite a contrast to the present day anatomical lecture room, as its walls and ceiling were decorated with magnificent carvings in cedar of life-size figures and beautiful designs. Here Malpighi, Galvani, Polta and possibly even the great Vesalius lectured.

There are also many interesting portraits of physicians and surgeons of early times, both in Europe and America, as well as many valuable paintings of presidents of the Medical and Chirurgical Faculty of Maryland. Among these latter are portraits of Drs. Ashton Alexander, Abram B. Arnold, Samuel Baker, Joshua I. Cohen, John R. W. Dunbar, Aaron Friedenwald, Thomas S. Latimer, Richard McSherry, George Warner Miltenberger, John Morris, William Osler, George H. Rohé, Upton Scott, Nathan Ryno Smith and Henry Merryman Wilson.

There are also portraits of the following physicians who were members of the Faculty: Corbin Amos, John Archer, Thomas Hepburn Buckler, J. E. Claggett, James H. Claggett, John Crawford, Charles Frick, George Frick, John D. Godman, N. W. Littell, John Carrere Mackenzie, John P. Mackenzie, John H. Patterson, Henry Perke-Curtis Wilson.

Many of the earlier Maryland physicians did work far in ad-

vance of their times, and the history of these men and their work is cherished among the most valuable possessions of the state society, and has been recorded by Dr. E. F. Cordell in the "Medical Annals of Maryland," which was published by the Medical and Chirurgical Faculty in commemoration of its centennial in 1899. This volume contains all the valuable medical records of the state, and is unique, being the only publication of its kind ever attempted by a state medical society. It contains record of the discovery of the germ theory in 1790 by Dr. John Crawford, and of the work of Drs. Charles Frederick Wiesenthal, Adam Thomson, John D. Godman, William Gibson and others.

Among the curios are the instruments which belonged to the first president of the Faculty, Dr. Upton Scott, of Annapolis, whose medicine chest, a large wooden trunk, contains all sorts of queer bottles and many quaint instruments in use in this country before the Revolution. One of these is the cupping and leeching outfit so much in vogue among early physicians. There are also two pocket cases of instruments which were used by Dr. John Archer, the first physician to receive a medical diploma in America. This diploma was granted in 1768 by the Philadelphia College, and is in the possession of the Medical and Chirurgical Faculty, as is also the Princeton diploma of Dr. Archer. A small case of very fine instruments for operation on the eye, which was owned by Dr. George Frick and used by him in the early part of the nineteenth century, is guarded as a great treasure, as is a book written by Dr. Frick on "Diseases of the eye" and published in Baltimore in 1823. An English edition of this was published in 1826, and it was the first separate treatise on the eye by an American. Copies of both of these books are in the library.

The library contains a very rare collection of 121 theses by American students at the University of Edinburgh—1760-1810—which was presented by Dr. William Osler. This unique collection came from the library of the late Professor Hope of Edinburgh, and is not to be duplicated in any library in this country, not even in the library of the Surgeon-General's office in Washington.

One of the best ways to commemorate the life and work of any man is to donate a sum, the interest of which may be used for the purchase of books on a special subject, and several such funds have been started for the benefit of the library—the Charles Frick Fund, the Samuel Baker Fund and the Book and Journal Club Fund. The first two were established by the relatives of Dr. Frick and Dr. Baker, and the latter is a voluntary contribution from various members of the profession. These funds are used for the purchase of the best books and journals on the subjects set aside, and supply most valuable assistance to the physicians who consult books in the library.

The libraries of several deceased members have been received

and such collections are kept intact, as far as possible, and the name of the physician is placed on the book plate. One of the largest of these collections was that of the late George H. Rohé, which contained several hundred books of great value. The library also contains books which belonged to several of the charter members and several volumes of manuscripts which were written by members, notably notes on lectures of celebrated European teachers. Many of these manuscripts are signed.

The gifts for the year are as follows:

Books—Baker Fund, 5; Book and Journal Club, 10; Mr. Browne, 1; Dr. H. Cushing, 8; Dr. J. D. Fiske, 1; Frick Fund, 127 (included among these were 7 books presented by Dr. H. B. Jacobs and 12 by Dr. W. Osler); Dr. J. S. Fulton, 152; Dr. T. B. Fitcher, 1; Dr. J. C. Hemmeter, 1; Dr. A. P. Herring, 1; Dr. R. Hue, 1; Johns Hopkins Medical School (duplicates from Marburg collection), 14; Dr. R. H. Johnston, 6; Dr. C. H. Jones, 1; Dr. A. B. Judson, 1; Dr. H. A. Kelly, 1; Library Committee Fund, 15; Medical Journal Co., 2; Merch & Co., 1; Dr. C. O'Donovan, 16; Dr. I. Ott, 1; University of Pennsylvania, 2; Dr. W. W. Porter, 7; Dr. H. O. Reik, 6; Rhode Island Medical Library, 2; W. B. Saunder & Co., 1; Dr. T. Schroeder, 1; Dr. C. E. Simon, 2; Dr. H. L. Smith, 1; Dr. W. S. Thayer, 17; Dr. J. W. Williams, 5; Dr. H. H. Young, 2; Bound Journals 306.

Reprints and Monographs—Dr. W. S. Bainbridge, 4; Dr. L. F. Barker, 28; Dr. V. Y. Bowditch, 1; Dr. F. E. Brown, 1; Dr. W. S. Bryant, 13; Dr. T. S. Cullen, 8; Dr. H. Cushing, 1; Dorpat University, 11; Enoch Pratt Free Library, 1; Dr. H. Friedenwald, 3; Dr. E. Gallant, 2; Mr. J. Glenn, 1; Gottingen University, 27; Dr. L. V. Hamman, 3; University of Heidelberg, 28; Dr. F. P. Henry, 1; Hospital Reports, 15; Dr. Hudson-Maknen, 2; Dr. R. Hunt, 2; Dr. R. H. Johnston, 5; Dr. W. W. Keen, 7; Dr. W. M. Lewis, 1; Dr. E. S. McKee, 7; Massachusetts General Hospital, 1; Dr. C. K. Mills, 3; Dr. William Osler, 1; Dr. T. E. Reed, 1; Dr. W. I. Robins, 2; Dr. T. W. Schaefer, 1; Transactions and Reports of Societies, 68; Dr. J. N. Van der Veer, 6; Dr. DeF. Willard, 4; Dr. J. W. Williams, 2; Dr. C. A. Woods, 2.

Miscellaneous Journals—Dr. E. F. Cordell; Dr. H. Cushing; Enoch Pratt Free Library; Dr. W. M. Lewis; Park Davis & Co.; Dr. W. B. Platt; Dr. J. H. Pleasants; Dr. W. S. Thayer.

PETTY CASH FUND.

Receipts.

Balance on hand Jan. 1, 1907.....	\$17.15
Fines on books overdue.....	16.02
Sale of duplicates, etc.....	9.78
Total.....	\$42.95

Expenses.

Cleaning.....	\$7.00
Drayage.....	6.45
Express.....	8.01
Incidentals.....	4.40
<hr/>	
Total.....	\$25.86
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Balance.....	\$17.09

J. WHITRIDGE WILLIAMS,
H. BARTON JACOBS,
MARY SHERWOOD,
THOMAS B. FUTCHER,
HARRY ADLER,

Library Committee.

Respectfully submitted,

MARCIA C. NOYES,
Librarian.

REPORT OF THE FRICK LIBRARY, 1907.

There are 3137 volumes in the Charles Frick collection, 127 of which were added during the year and represent the latest works on internal and general medicine in French, German and English. Included among these were 7 books presented by Dr. H. B. Jacobs and 12 by Dr. W. Osler. The others were by purchase from the Frick Fund.

Those making use of the books in the reading-room numbered 3634, and there were 1247 books borrowed during the year for home use.

(Signed), J. WHITRIDGE WILLIAMS,
Chairman Library Committee.

MARCIA C. NOYES,
Librarian.

Subscriptions, 1907.

Mrs. H. B. Jacobs.....	\$200.00
Mr. J. Swan Frick.....	200.00
Dr. Wm. Osler.....	100.00
Mr. Frank Frick.....	50.00

HENRY BARTON JACOBS,

January, 1908.

Treasurer.

MEMOIR COMMITTEE.

Members of the Medical and Chirurgical Faculty of Maryland:

Gentlemen—Your Memoir Committee has the honor to report that during the past year fifteen members have died—7 from the city and 8 from the counties.

We have been able to secure information in regard to all, which we herewith respectfully submit.

JOSEPH T. SMITH,
S. R. WATERS,
L. C. CARRICO,
J. H. HARTMAN,
A. T. GUNDRY,
Committee.

JAMES RIDGWAY ANDRE, M.D.,

was born in Sussex County, Delaware, September 8, 1823. He obtained his literary education at Federalsburg Academy and his medical education at the University of Maryland, from which he received the degree of M.D. in 1850.

His life after graduation in medicine was spent in the private practice of his profession. "He never aspired to public office, always believing that a medical man was a medical man by the grace of God and called only to that profession."

He was a man of retiring habits and an earnest worker in his profession. He served untiringly and faithfully through several epidemics of smallpox in this city. He was charitable and generous. During the latter years of his life he devoted much of his time to the study of modern languages.

He continued to practice up to within a few weeks of his death, which occurred in the city of Baltimore, December 13, 1907. He died at the age of 84 years from old age.

The Medical and Chirurgical Faculty of Maryland having learned of the death of James Ridgway Andre, M.D., adopted the following:

Resolved 1st.—That in the death of Dr. Andre this Faculty has lost a member who set an example worthy of our imitation in his devotion to the profession of his choice.

Resolved 2d.—That we honor him for his sincere, untiring and devoted attention to the arduous duties of his calling, for responding at all times to the call of the sick and knowing no class nor distinction, but giving to each and every one the best that he had.

Resolved 3d.—That we extend to the family of Dr. Andre our sincere sympathy in this time of their sorrow and that a copy of these resolutions be recorded in our Minutes.

JOSEPH EDWARD CLAGETT, M.D.,

was born in Rohrersville District, Washington County, Md., September 5th, 1830. His literary education was obtained from private schools and his medical education from the Medical College at Winchester, Va., and

from the University of Maryland, from which latter institution he graduated in 1857.

He was for a period of 10 years a professor in the Washington University, Medical Department, Baltimore. He was for many years physician and surgeon to the Baltimore & Ohio Railroad.

When the Civil War broke out Dr. Clagett was practicing medicine at Harper's Ferry. He at once left home and joined the Confederate Army and followed its fortunes for four years. He was a member of the staff of General Lee in charge of the hospital at Richmond. In 1866 he came to Baltimore, where he continued to practice until March, 1903, when he was stricken with apoplexy. He formed a copartnership with Dr. Walls which lasted for many years, only to be terminated by the death of Dr. Walls.

Dr. Clagett came from a family distinguished for the many physicians it produced, as if the medical profession had become an hereditary thing.

He died at his home in Baltimore, April 4, 1908, of a complication of diseases at the age of 78 years.

The Medical and Chirurgical Faculty of Maryland having learned of the death of Joseph Edward Clagett, M.D., has adopted the following and has directed that a copy be sent to the family of Dr. Clagett and that a record be made of it upon its Minutes:

It is with deep regret and profound sorrow that this Faculty is called upon to record the death of one of its highly esteemed and honored members. He was a man of ability and energy and held a high place in the esteem and regards not only of the medical profession, but of all with whom he was brought into contact. He was a hard worker and a conscientious laborer in the field of medicine. He had a tender regard and sympathy for the feelings of his patients and won their love and respect by his devotion to them in their hours of sickness. He attained a high rank in his profession, and the important and responsible positions he was called upon to fill during the Civil War, as nothing else could, his ability and influence. He was a progressive man and kept well abreast of the times in which he lived, giving of the best that he had for the upbuilding of the profession he loved.

This Faculty extends to the family of Dr. Clagett its sincere sympathy in this their time of sorrow and bereavement.

WILLIAM OCTAVIUS EVERSFIELD, M.D.,

was born at Oakland, Md., his family home in Prince George's County. His literary education was obtained at Edge Hill School, Princeton, N. J., and at St. Johns College at Annapolis. His medical education was obtained at the University of Virginia and the University of Pennsylvania. From the former he graduated in 1860 and from the latter in 1861. After his graduation he took a diploma from Dr. D. Hayes Agnew's School of Surgery. He was surgeon at the Blockley Hospital, Philadelphia, and later surgeon of the United States Military Hospital at Philadelphia. He

was a surgeon in the United States Army for years during the Civil War. He was, for two years, surgeon of the Panama Railroad, 1866 and 1867. He was surgeon of the Pacific Mail S. S. Co. on the S. S. "Gautemala" and others. He was a registered physician of Washington, D. C.; an ex-President of the Medical Association of Prince George's County, Md.; a member of the Pentalpa (Blue Lodge, Masonic) of Washington, D. C., and was a charter member of the Mt. Hermann and Hyattsville Masonic Lodges.

He was in Panama during an epidemic of yellow fever. After treating cases for many months he contracted the disease, and after his recovery came to Maryland and went into private practice.

He died at his home January 20th, 1908, of la grippe.

The Medical and Chirurgical Faculty of Maryland has learned with deep regret of the death of William Octavius Eversfield, M.D., and it desires to put on record its high regard for him as a medical man and as an honored member of this body.

Dr. Eversfield, as the record of his life shows, has been able to exert his influence in many walks of life which try men most severely, and in all he bore himself with ability and honor. He was devoted to his profession and his work in fighting the yellow fever is especially to be commended. He wielded his influence in circles outside of medicine and has thus set an example to his fellow-members. He held a high position among his fellows if we may judge from his being made the President of the Prince George's Medical Association.

This Faculty extends to the family of Dr. Eversfield its sincere sympathy and directs that a copy of the above be sent to his family.

CHARLES WORTHINGTON GOLDSBOROUGH, M.D.,

was born near Walkersville, Frederick Co., Md., November 29, 1841. His literary education was obtained at the Frederick City Academy, Brookville Academy and at Mr. Prentiss' school, Baltimore Co., Md. He began his medical education in the office of his father, Dr. Charles H. Goldsborough. He then went to the University of Maryland and graduated from there in 1862, at the age of 21. After he graduated he served one year in the infirmary connected with that institution.

He was a member of the Frederick County Medical Association and its President in 1904; he was a member of the Board of Visitors of the Deaf and Dumb Asylum in Frederick City. He was, in his early life, a Mason and an active one, but in his later years was not actively associated with any lodge. He was a vestryman and warden of St. John's Episcopal Chapel at Walkersville.

He began his practice at his old home until 1866, when he removed to West Virginia. Here he successfully practiced his profession for ten years. At the end of that time such strong inducements were offered him

to return to his old home that he yielded and took up the work in his father's old field, where he remained until his death.

Few men have been held in more tender regard and esteem than Dr. Goldsborough. "He was a good man, gentle and tender, yet outspoken and honest to a degree in discountenancing wrong." One brother physician writes: "He was an honored member of our Medical Society and its President. His wife and children have the consolation of knowing the husband and father was the beloved physician, and the whole country around holds nothing but generous, loving remembrance of him." Another friend says: "If service is the ideal way to live, certainly Dr. Goldsborough's was a successful life. No one could look into his great, honest, tender eyes without feeling they were in the presence of a hero in the strife. He was indeed God's good man. Where best known he was most beloved."

He died at his home, Litchfield, Walkersville, Md., February 6, 1908, of heart failure, which was preceded one week before his death by a stroke of paralysis. His declining health seems to have dated from an experience several years ago, "when in his effort to reach the bedside of a patient, whose home was on the side of Catoclin mountain, he was caught in a fearful blizzard. A slight snow was falling when he started from home. As he neared the mountain it grew in violence. He was compelled to leave his horse and sleigh in the drifts. He wandered about in total darkness, his lantern out. He was lost, and stumbled and fell about in the drifting snow for hours. Finally, morning coming on, he found his way to a farmhouse, was cared for, and sent home the next day at noon exhausted and ill."

The Medical and Chirurgical Faculty of Maryland has learned with profound sorrow of the death of Charles Worthington Goldsborough, M.D., and it desires to put on record its estimate of his character and worth, and to this end has adopted the following:

This Faculty can ill afford to lose such men from its ranks as Dr. Goldsborough, for such men are the bone and sinew of the organization. He set an example worthy of imitation in the sterling honesty of his character, in his unswerving devotion to duty and in his love of home and home ties. That heroes are still to be found in the medical profession has another confirmation in the desperate struggle he made to reach the sick bed of a patient up in the mountains, and we honor him for his bravery and rejoice that another member of this Faculty has his name written among the world's heroes. He possessed the qualities so much needed in the medical man—honesty of purpose, fearlessness in the discharge of his duty and with it all a tender regard for the feelings of others and a willingness at all times to sacrifice individual ease and comfort for the welfare of others.

It is a source of deep regret that this Faculty is called upon to note the loss of a member so influential and held in such high esteem by his fellow-members in one of the County Societies. We need just such men as Dr.

Goldsborough in the County Societies, and their advice and counsel mean much in the conduct of such organizations.

This Faculty extends to the family of Dr. Goldsborough its sincere sympathy in the great loss they have sustained.

HENRY JAMES HEBB, M.D.,

was born at Tower Hill, St. Mary's County, Md., January 5, 1842. His literary education was obtained at Charlotte Hall Military Academy and his medical education at the University of Maryland, from which institution he graduated in March, 1873.

At the outbreak of the Civil War he was commissioned as a first lieutenant of artillery in the Confederate Army. Later he resigned and joined the First Maryland Regiment under Gen. Bradley T. Johnson. He was captured, but soon paroled.

He was a well-known Democrat and took an active interest in his party. In the Second District he was the recognized leader; he was a member of the State Central Committee and the County Executive Committee for many years. He served as County Treasurer from 1885 to 1887, and was elected Registrar of Wills in 1893 for a term of six years. He was a member of Towson Lodge of Elks and Welcome Lodge, Knights of Pythias. He was a member of the Randallstown Presbyterian Church.

Soon after his graduation in medicine he took up his residence in Randallstown, where he practiced his profession until ill health compelled him to retire.

He died at Randallstown, January 10, 1908, of a complication of diseases, aged 66 years.

The Medical and Chirurgical Faculty of Maryland having learned of the death of Henry James Hebb, M.D., adopted the following:

Resolved 1st.—That this Faculty mourns the loss of one of its members who was so influential and held such important positions in the community in which he lived.

Resolved 2d.—That the sympathy of this Faculty be extended to the family of Dr. Hebb in the hour of their sorrow and bereavement.

Resolved 3d.—That a copy of these Resolutions be sent to the family of Dr. Hebb and a record be made of them upon our Minutes.

WILLIAM TRAVIS HOWARD, M.D., LL.D.,

was born in Cumberland County, Virginia, January 12, 1821. His literary education was obtained at Hampden-Sidney and Randolph-Macon Colleges. He began the study of medicine under the preceptorship of Dr. John Peter Matter, a noted surgeon of Virginia. He attended a course of lectures in the Medical Department of the University of Maryland, after which he was made Resident Student at the Baltimore Almshouse, where he remained until the opening of the session at the Jefferson Medical College in Philadelphia. Here he finished his medical education and received his degree of M.D. from that institution in 1844. After his graduation he

located in Warren County, North Carolina, and began the practice of his profession. While in North Carolina he wrote several interesting and critical essays which drew the attention of the profession to him. In 1886 he came to Baltimore and was appointed Lecturer on Auscultation and Percussion in the summer school of the University of Maryland and Attending Physician to the Special Dispensary. He was elected Assistant Professor of Physiology in the same year in the University of Maryland. In 1867 he was elected to a new chair in the University of Maryland which was created especially for him and the first of its kind in the United States, that of Diseases of Women and Children. This position he retained until 1897, when he resigned, a period of 30 years. After his resignation he was made Emeritus Professor of the same subjects, which position he held at the time of his death.

He was a founder of the American Gynæcological Association and its President, 1884-1885; he was one of the founders of the Baltimore Obstetrical and Gynæcological Society and its president, 1886-1887; he was President of the Medical and Chirurgical Faculty of Maryland, 1902-1903; he was a founder and one of the surgeons of the Hospital for the Women of Maryland; he was consulting surgeon to the Johns Hopkins Hospital, Union Protestant Infirmary and the Hebrew Hospital.

He invented a number of instruments. Of especial note was a bivalve speculum and a modification of Tarnier's forceps. He was the first American surgeon to make use of Tarnier's forceps.

He was the author of many papers and essays, which are to be found mostly in the Transactions of the Gynæcological Society and of the Medical and Chirurgical Faculty of Maryland.

He died of ptomaine poisoning, after a short illness, at Narragansett Pier, July 31st, 1907, at the age of 86 years.

The Medical and Chirurgical Faculty of Maryland having learned of the death of William Travis Howard, M.D., LL.D., has adopted the following:

It is with feelings of profound sorrow and deep regret that this Faculty has learned of the death of its fellow-member and ex-President, William Travis Howard, M.D., LL.D.

He was a valuable member as well as an ornament to this body, and the medical profession found in him an honest man in all his dealings and a man of unimpeachable integrity of character. His convictions were strong and not easily shaken, because they were formed only after careful and detailed consideration. He was a gentleman in the highest and loftiest meaning of that term. In his dealings with an attitude towards his fellow-members of the profession he set an example to the younger generation worthy of their imitation. His life has shown what honesty combined with brains and hard work can accomplish. He was a hard, careful and conscientious worker in the laborious profession he chose. All that was good, straightforward and honest appealed strongly to him; on the other hand, everything that was mean, low and cowardly or underhand met with his unqualified disapproval. He had no patience with shams and counter-

feits of any sort. Honest and conscientious himself, he demanded the same of all those who sought his esteem. He was a courageous man and did not hesitate, when the occasion arose, to express his convictions clearly and forcibly. He vigorously supported all that tended to elevate the medical profession.

It is as the physician and surgeon that this body knew him best, and he gave to his profession the best he had of time and talents. His was a high order of talent. It was not often that his deductions in regard to any case submitted to him for analysis could be gainsaid. He placed the good of his patients before all else. No sacrifice of his time or his talent was too great, provided his patient would receive the greatest sought-for benefit. He was a diligent and thoughtful student all his life, not only keeping well abreast of the times, but at times ahead. His attitude towards his professional brethren was most commendable. No feelings of jealousy stirred in his breast, and he often praised in no unstinted terms his fellow-workmen in the field of gynæcology. He was most skilful in the special branch of the work to which he devoted so many years of his life. All recognized his knowledge, skill and honesty, and as a result his opinions were eagerly sought for in the most trying and difficult cases. He was a broadminded man, taking an active interest in all that concerned the welfare and tended to the elevation of his fellow-man, and his well-balanced mind and fund of information made him a most agreeable companion. Few excelled him as a teacher. Clear, logical, honest, well versed in the learning of his time, endowed with a remarkable memory and enthusiastic, he imbued his students with a love for their work, and hundreds today are what they are in no small degree because of the stimulus they received from his teachings.

He has left behind him a priceless heritage, and this Faculty has lost a most valuable member and one who will be greatly missed from its ranks.

Resolved—That a copy of the above be sent to the family of Dr. Howard and a copy be recorded upon our Minutes.

EUGENE WORTHINGTON HUMPHREYS

was born in Salisbury, Md., June 6, 1848. He obtained his literary education at Princeton University, from which he was graduated in 1869. He obtained his medical education at the University of Maryland and was graduated in the class of 1872.

He was the son of Genl. Humphrey Humphreys, one of the pioneer business men of Salisbury.

At the time of his death he was engaged in writing a book on "Diseases of children and their treatment." He was particularly interested in electrotherapeutics and had his office equipped with all the latest forms of apparatus, and he had planned to devote his life to that special line of work. He was Secretary of the Wicomico County Medical Association; member of the staff of the Peninsula General Hospital and a lecturer in the same.

He died at Salisbury, Md., November 24, 1907, of acute nephritis and pneumonia, aged 59 years.

He is survived by a widow, who was a daughter of the late Joseph H. Tarr of Salisbury, two sons and three daughters.

(Continued next month.)

SYMPOSIUM.

[NOTE.—Contributions to this Symposium are solicited from all sources on subjects relating to the good of the Faculty and to the profession of Maryland in general. The editors are not responsible for opinions expressed.—MANAGING EDITOR.]

HOW SHOULD A PHYSICIAN TREAT A BROTHER-PRACTITIONER WHO BECOMES HIS PATIENT?

The spirit pervading the entire code of ethics of the American Medical Association is that compound of courtesy, gentleness, kindness of heart and self-sacrifice which constitute the distinctive characteristic of the chivalrous gentleman. If this fact were constantly borne in mind, there would be no difficulty in arriving at a correct and accurate conclusion upon some points not definitively discussed or even mentioned by the code of ethics.

In regards to pecuniary obligations of medical men to one another, it is well known that all services rendered by one disciple of Æsculapius to another or to another's family ought to be gratuitous. To their dishonor, however, be it said, it is stated on dependable authority that in certain sections of our land there is a departure from this beautiful and time-honored altruistic disposition. On this subject the code is so explicit that no comment is needed.

There is, however, another point of transcendent importance involved in the relations of physicians toward one another, all consideration or even the slightest notice of which is singularly omitted from the code. Should a medical man while treating a fellow-practitioner regard him as merely an ordinary patient who knows nothing of medicine, telling him naught about his case, refusing to listen to any opinion expressed by the patient, and declining emphatically to let him know the nature of the therapeutic measures that have been employed for his benefit? Some M.D.s hold to this view, but, in my opinion, such reasoning is totally at variance with the spirit, if not with the letter, of the code. It once fell to the lot of the writer to be so treated by a rising young surgeon, but he then and there resolved that never again would he submit to such an indignity. If his attending physician were to attempt to put into execution such a plan, he would at once be dismissed, his bill up to date would be demanded* and another summoned who has some professional courtesy.

It is an undeniable truth that in serious illness a physician's mind is not in proper condition for the discharge of professional duties, especially when pertaining to his family or to himself. To say, however, and act accordingly, that after having studied medicine earnestly and diligently for several years, having satisfactorily passed the required examinations for the degree of M.D., and then having practiced for several years after graduation—to say then that his opinion is valueless is a direct, most pointed insult to his intelligence.

Making proper allowance for statements which are obviously chimerical or the outflow of an hysterical temperament, the family physician invariably gives due attention to any idiosyncrasy possessed by the patient. In many

*See Code, "Duties of Physicians to Each Other, etc.," Art. II, Sec. 1, last sentence.

instances the result would be decidedly detrimental to his patient were he to disregard such facts when communicated to him. If we thus listen to those who know absolutely nothing of medicine, it is surely logical to maintain that our professional *confrères* should receive an equal, if not greater, amount of deference. The medical patient can elucidate the fact with augmented perspicuity because of his knowledge of the *why* and the *wherefore*.

It occasionally happens that for certain special and well-defined reasons it is well to withhold all knowledge of his case from the lay patient. Under similar circumstances and for reasons which should be capable of the same clearness of enunciation it is advisable to pursue the same course with professional patients. Such instances are rare with those uneducated in medicine. They are even more exceptionable among physicians because of their training at the professional school. In both instances such patients are the *exception*.

The *rule* is that formulated in the beginning, viz., that it is an insult to the intelligence of the educated M.D. to withhold from him all information regarding his condition and the therapeutic measures employed.

EUGENE LEE CRUTCHFIELD, M.D.

Baltimore, Md.

Book Reviews.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles by Leaders of the Medical Profession Throughout the World. Vol. II, 18th series. Philadelphia: J. B. Lippincott Company. 1908.

These quarterlies are well known to all medical readers. In the present volume the following articles, among many, particularly catch our eye:

I. "The Treatment of Syphilis by Atoxyl (Sodium Anilarsinate)," by H. Hallopeau, Paris. Encouraged by the striking influence for good of this drug upon the trypanosoma of sleeping sickness, Salmon, at the Pasteur Institute, tried its effect upon the analogous treponemia pallidum of syphilis and found it apparently of great benefit. Following in Salmon's footsteps, Hallopeau has made a study of the drug hypodermically in large doses and is able to summarize the reports from several observers of 124 cases, giving the precautions necessary and the prospects of cure through its agency.

II. "Pain as the Chief or Sole Expression of a Psychic State," by Theodore Diller of Pittsburg: As in every other case where the attempt is made to prove a negative, the author has undertaken a very difficult task. After reading the cases reported we still have our suspicions that the physician, and not the patient, was wrong—that there was a local disease after all.

III. "Recent Research Into the Pathology of Malignant Disease," by Charles E. Simon, M.D., of Baltimore, Md. This work, done in the Union Protestant Infirmary of our own city, is very interesting reading indeed. The author believes that with the introduction of recent experimental methods a very material advance has been made in our knowledge of cancer and a basis has been furnished for future research. The subject, he thinks,

has lost much of its hopeless aspect, and there is prospect that ere long some of the curative and prophylactic results which can now be obtained in lower animals may become applicable in the human being. He gives a very interesting review of the transformation of one form of artificial cancer into another in successive generations of the mouse and rat; notes the destructive influence of carbolic acid and chloroform upon cancer cells; touches upon immunization of mice by the material of spontaneous mouse tumor, and goes on to a report of his own efforts at similar immunization in human patients. Though followed sometimes by gross failure and in advanced cases by a certain amount of actual harm, he is still able to report in three cases—one of stomach cancer, one of inoperable mammary cancer and another of a recurrent carcinomatous nodule—results of a very markedly deterrent and even curative nature. Dr. Simon is certainly to be congratulated on his excellent work.

OBSTETRICS. A Textbook for the Use of Students and Practitioners. By J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University; Obstetrician-in-Chief to the Johns Hopkins Hospital, etc. Second enlarged and revised edition, with 16 plates and 666 illustrations in the text. New York and London: D. Appleton & Co., 1908. Price \$6.

The simple statement that this volume has been issued seems sufficient. Its high character and completeness are guaranteed by the name of the author and of the school in which he holds his chair. The first edition of the work claimed attention as bringing the latest scientific methods of research to bear upon this important and ancient branch of the medical art and as introducing into American obstetrical study the most exact laboratory researches of German and French schools.

To Maryland physicians it was especially welcome as the work of a Baltimorean who had won a place as the professor of obstetrics in the Johns Hopkins School.

The present revised edition has some chapters entirely rewritten, especially one concerning the toxemias of pregnancy, upon which the author has done some very remarkable original work.

While the book is intensely scientific, it is pervaded by the consciousness which Dr. Williams has ever felt of the needs of those practitioners who must do their work without the perfect facilities of the highly equipped hospital.

A considerable bibliography is appended to each chapter, all references given being verified. The publishers' work and illustrations are very fine.

GOLDEN RULE OF DIETETICS. (Medical Guide and Monograph Series.) By A. L. Benedict, M.D., Buffalo, member of the American Gastroenterological Association; author of "Practical Dietetics." St. Louis: C. V. Mosby Medical Book & Publishing Co. 1908. Price \$3.

Medical men are of two camps—those who do believe in exact dietetic rules and those who do not. The minds of the latter class are so impressed with the diversities of digestive power in patients, with the diversities of cookery talent in housekeepers and with the control of digestive pleasure

over digestive function that they prefer to depend on the enforcement of certain broad principles of caution in the feeding of the sick.

For those who do hold to the value of exact dietary prescriptions the present volume promises to be of great value. It is carefully and scientifically written, and teems with suggestions, bringing its subject-matter up to date. The digestive qualities of different varieties of food are given at great length, and the latter half of the book is occupied by a catalogue of the ordinary diseases met with in practice and a brief statement of the diet supposed to be best for each disease. The appendix gives a large number of recipes for easily digested dishes, and closes with a table of foods in which the number of calories in weighed portions of common foods is carefully noted down.

BIER'S HYPEREMIC TREATMENT. Its Practical Application in Surgery, Medicine and the Specialties. By Willy Meyer, M.D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital, and Dr. Victor Schmieden, Assistant to Professor Bier, University of Berlin. Illustrated. Philadelphia: W. B. Saunders Company. 1908. Price \$3.

Many of our readers must have felt curiosity to know exactly what the Bier method is and to what classes of cases it has been applied. This information the present volume presents in a very thorough and attractive way.

The first impression made upon a cautious medical mind by the claims of this hyperemic method is that while possibly of great value in certain chronic indolent wounds and inflammations, it is likely to be either inefficient or dangerous in conditions more acute and active. Nevertheless, it is only fair for those in large practice to give trial to new methods supported by favorable statistics. The book is before us to be judged on its own merits. Hot-air hyperemia has long been found of value in certain obstinate joint distresses; dry cupping has for ages had its advocates among thoughtful medical men. To this now Dr. Bier has added careful intermittent hyperemia by the elastic bandage, greatly enlarging the scope of each and defining exactly the conditions under which it may be applied with possible benefit.

Incidentally we may remark that Dr. Bier's work is another evidence of the present-day revolt against micro-organic pathology and the tendency to look for healing through the innate powers of the body itself.

WHY WORRY? By George Lincoln Walton, M.D., Neurologist to the Massachusetts General Hospital. Philadelphia: J. B. Lippincott Company. 1908. Price \$1.

The entertaining character of this little volume is indicated by its dedication—"To my long-suffering family and circle of friends, whose patience has been tried by my efforts to eliminate worry." The author believes that the habit of worry can be overcome only by a long and wise course of self-discipline, and gives the reader the benefit of his own happy experiences in this direction. Both the victim of worry and the physician who has to guide him out of it may well profit by the perusal. There is humor in it, and

science and philosophy, and, above all, a lot of common sense. It is a book that the physician may give to his patient or read in the evenings to his wife.

After considering Epicurus and Marcus Aurelius as worry doctors, hypochondria, sleeplessness, etc., the author turns his attention to the worrier at home, on his travels, at the table, his home treatment. It is a very good book, but does not give quite sufficient prominence to spanking in youth as a prophylactic against the development of the "New England Conscience."

THE BABY—ITS CARE AND DEVELOPMENT. For the Use of Mothers. By LeGrand Kerr, M.D., Professor of Diseases of Children in the Brooklyn Post-Graduate Medical School. Illustrated. Brooklyn, N. Y.: Albert T. Huntington. 1908. Price \$1 net.

There are many of these little guides for mothers now offered to the public. In the present volume the author has arranged the chapters according to the age of the child—the first day of life, the first week of life, one month old, six weeks old, two months old, etc.—enabling the mother more readily to obtain the information which she seeks. Other chapters deal, in general, with artificial feeding, catching cold, the sick child, dietary, and there are also blank pages for records of the infant's weight, records of the infant's illnesses and general memoranda.

Our only criticism would be that the next edition should omit the list of alarming symptoms given on page 10, as, in our opinion, everything of this nature should be avoided in books of this sort.

PAIN: Its Causation and Diagnostic Significance in Internal Diseases. By Dr. Rudolph Schmidt of von Neusser's Clinic, Vienna. Translated by Vogel and Zinsser of Columbia University. Philadelphia: J. B. Lippincott Company. Price \$3.

We have always wanted a book on pain, and here it is, fresh from the press, 350 pages of it. The author believes that physicians have never given proper value to the location and nature of pain as an index of the quality and gravity of disease. In his book he presents a very thorough analysis of the symptom with reference to its modification by position, motion, pressure, organic function, etc. Regional pains are very carefully analyzed—of the shoulder, the retrosternal region, the epigastrium, the lower abdomen, the lumbar region. There is a chapter on colicky pains and nocturnal pains. Headache receives much attention, and the various neuralgias. One chapter is on Pain of the Organs of Motion, another on Cutaneous Tenderness in Visceral Disease. Appended are 18 beautiful diagrams of pain areas.

IMMUNE SERA. A Concise Exposition of Our Present Knowledge Concerning the Constitution and Mode of Action of Antitoxins, Agglutinins, Hemolysins, Bacteriolysins, Precipitins, Cystotoxins and Opsonins. By Charles Frederick Bolduan, Bacteriologist, Research Laboratory, Department of Health, City of New York. Second edition; rewritten 1907. New York: John Wiley & Sons. Price \$1.50 net.

The author first translated a monograph by Professor Wassermann, and now goes on to a wider and more thorough discussion of this whole department of modern therapeutics. We need hardly comment in detail upon the

book; it is very scientific, very thorough, and at the same time readable. Many physicians will desire to purchase it.

PAMPHLETS RECEIVED.

- CHOLERA INFANTUM. By Leonard K. Hirshberg, A.B., M.D. Reprinted from the *New York Medical Journal* June 20, 1908.
- THE SUBMUCOUS OPERATION ON THE NASAL SEPTUM, WITH A PLEA FOR A MORE RAPID TECHNIQUE. By J. E. Machenty, M.D. Reprinted from the *American Journal of Surgery* May, 1908.
- THE INFLUENCE OF FLESH-EATING ON ENDURANCE. By Irving Fisher, Ph.D. Reprinted from *Yale Medical Journal* March, 1907.
- THE INFLUENCE OF ALCOHOL ON THE OPSONIC POWER OF THE BLOOD. By Charles E. Stewart, M.D. Reprinted from *Modern Medicine* November, 1907.
- THE HYDRIATIC METHOD IN THE TREATMENT OF CARDIAC DISEASE. By J. H. Kellogg, M.D. Reprinted from *Modern Medicine*, 1908, Vol. XVII, Nos. 1 and 2.
- THE RELATION OF APPENDICITIS TO GYNECOLOGICAL PELVIC DISEASES. By Samuel Wyllis Bandler, M.D. Reprinted from *Medical Record* April 11, 1908.
- THE VALUE OF AN ABSOLUTELY VEGETARIAN DIET IN PSORIASIS. By L. Duncan Bulkley, A.M., M.D. Reprinted from the *Journal of the American Medical Association* February 22, 1908.
- TREATMENT OF GASTRIC ULCER. By Theodorus Bailey, B.S., M.D. Reprinted from *American Medicine* March, 1908.
- RADIO-ACTIVE BATHS IN THE TREATMENT OF MALARIA. By E. H. Martin. Reprinted from *Transactions Mississippi State Medical Association*.
- THE SUBMUCOUS OPERATION ON THE NASAL SEPTUM, WITH A PLEA FOR A MORE RAPID TECHNIQUE. By J. E. Mackenty, M.D. Reprinted from *American Journal of Surgery* May, 1908.
- DIAGNOSIS OF THE COMMON DISEASES OF CHILDHOOD. By William Bedford Brown. Reprinted from the *American Journal of Obstetrics*, Vol. LVII, No. 6, 1908.
- THE HYDRIATIC METHOD IN THE TREATMENT OF CARDIAC DISEASE. By J. H. Kellogg, M.D. Reprinted from *Modern Medicine*, Vol. XVII, 1908, Nos. 1 and 2.
- Reprints by William P. Sprattling, M.D.: "The Abuse of Bromides in Epilepsy," from *Medical Record*; "Epilepsy, the Strangest Disease in Human History," from *Medical Record*; "Emotional Shock and Fright as Causes of Epilepsy," from *American Medicine*; "Recent Progress in the Treatment of Epilepsy," from *Albany Medical Annals*; "The Principles of Colony Building for the Defective Classes," from *American Journal of Insanity*; "Guides to the Prognosis in Epilepsy, with Remarks on the Curability of the Disease, including Reports of Thirty-four Cases," from *New York Medical Journal and Philadelphia Medical Journal* (consolidated).

NOTES FROM THE PHIPPS TUBERCULOSIS
DISPENSARY REPORT, PHILADELPHIA.

- ¶ FORMATION of the body and complexion are doubtful as predisposing factors.
- ¶ The general appearance of patients who come under treatment is good nearly as often as it is bad.
- ¶ The bright eye, the delicate form, the tint of skin formerly thought to show inherited tendency are now known to result from the actual presence of insidious tubercular toxins.
- ¶ Indoor life in wholesome, happy conditions does not favor the disease.
- ¶ Hard labor anywhere, under conditions of ill-nutrition, insanitation and anxiety, strongly predisposes.
- ¶ Tobacco, by depressing heart action and circulation, predisposes. Alcohol is sometimes very beneficial physically, if it does not weaken important organs, as the kidneys.
- ¶ Registration of tuberculosis is urgently demanded, and house disinfection on a larger scale than heretofore accomplished, because of the great number of poverty-stricken consumptives and their frequent changes of residence; likewise a better inspection and control of improvised apartment-houses.
- ¶ One of the most deplorable features about tuberculosis is that, owing to its long duration, poor people diseased by it are compelled to work, while under rest they would recover, the tendency to recovery being very great.
- ¶ The poor are very dependent on help from outside for the rest of their lives after once they have been seriously infected. Those diseased in both lungs can never again compete after convalescence with those who have not been diseased at all. The moment, in perhaps a long life, the helping hand is withdrawn they relapse and go under. Easy positions at fair incomes should be provided by private or public forethought for such convalescents, or else farm colonies, which might be made self-supporting, should be established.
- ¶ Night-sweats almost invariably stop as soon as the patient is placed at rest in a well-aired room and given the proper things to eat.
- ¶ Dilated pupils occurred in 30 per cent. of the 1700 cases observed.

MARYLAND MEDICAL JOURNAL

JOHN S. FULTON, M.D., *Editor*

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BALTIMORE, OCTOBER, 1908

A NATIONAL LEPROSARIUM.

THE attitude of the United States of America as a country toward this historic disease is a curious admixture of indifference and terror. Every well-taught citizen of either sex has, as a part of his religious instruction in childhood, been impressed with the horrible nature of leprosy, until it has become the conventional representative of a thing loathsome and to be shunned. The attitude of the ancient Scripture writers toward the disease is perfectly well known. The patient, though occasionally curable, was considered unfit for association with his fellow-beings and was driven from the habitations of men; he was compelled to wear a peculiar garb which at once marked him as a center of plague infection, and more than this, to give warning by a plaintive cry, "Unclean! Unclean!" to all who might inadvertently come into contact with him.

Although we may well question whether the diagnosis of skin diseases was as clear in those days as at present, there is no doubt that the leprosy of the ancient Scriptures was essentially the same disease as that which we know now as leprosy.

The parallel between Crocker's description of the initial diagnostic spots, page 602, and Leviticus, chapter 13, is very striking:

Crocker says: "The spots are one or two inches in diameter, of a pale yellow color. They may itch or burn, but the sweat is absent in them. They spread peripherally. The border becomes raised; the center is atrophic, preternaturally white, thin, wrinkled, hairless."

Leviticus: If in the skin there was a hot burning and the flesh that burned had a white spot in sight deeper than the skin, and in it yellow, thin hair, and if it spread much abroad in the skin, it was the plague of leprosy.

Leviticus also provides for an outbreak of "leprosy" in the *clothing* and also in the (mud?) *house walls*. In view of the mystery

surrounding the spread of the disease, it seems very strange that modern investigators have paid apparently no attention to *these* two possible sources of infection indicated by observers of olden time.

The ancients were fully convinced that it was a disease spread by contact. At the present day the disease is undoubtedly prevalent in very many countries of the earth; there is no continent free from its ravages. In the great teeming populations of Asia it is an endemic scourge of very high mortality; in many parts of Africa it is very well known in the community; in many portions of South America, both among the blacks and among the white inhabitants, it numbers a great many victims. Here and there a country seems to be temporarily immune to it. In regions where it is most intensely endemic it affects especially certain villages and certain families.

Its history in Europe is of peculiar interest. In the Middle Ages, imported perhaps from Asia, it became epidemic and prevailed in perhaps all of the nations of the smaller continent. One of the most noteworthy of those affected by it was the great Scottish hero, King Robert Bruce, who died a leper. As a result, it is said, of strenuous quarantine and isolation regulations leprosy became gradually less prevalent in Europe, and now in many of its nations is not listed at all. Whether this beneficent result was really due in the main to quarantine regulations, or whether underlying the conquest of the disease was some race stubbornness thereto, or something deterrent in the people's habits of life, we have at present no means of determining.

In view of these historical facts the attitude of Americans toward leprosy seems at least 4000 years out of date and quite incomprehensible. We know the terror of the disease, the exile from home which must attend its development, its almost hopeless course to death and the fearful mutilation of body and feature which it produces. We know from the history of Europe that it is capable of becoming not only endemic, but even perhaps epidemic among all those races which have so abundantly overflowed into our own land. We know that quarantine applied to our race stocks will

give complete freedom from it. We know that there are living in every part of our Union, among immigrants from leprosy-infected nations, considerable numbers of lepers. Some of these engage in occupations which favor infection, such as laundry work and baking and the like. We know that our intercourse with such nations, through our conquests and our advancing trade relations, is becoming more and more intimate, and the intercommunication of diseases with them is becoming more and more probable. We know that we find, now in one State and now in another throughout the Union, patients affected with leprosy who are native born and have never perhaps traveled beyond their own boundaries; yet, in spite of all these facts, there has never been any concerted effort made either by the States or by the National Government to erect barriers against the disease or to provide proper isolation refuges for those so affected.

The manner in which the States treat the sporadic cases which arise within their confines would be intensely ludicrous were it not so grave. When a leper is found, immediately a most ridiculous panic seizes those in his vicinity; he is refused admission to hospitals; an effort is made to convey him by stealth to another State; the States through which he must pass to reach his natural domicile refuse him passage; being unable to get rid of him, the authorities finally isolate him, it may be, in some hut in the woods, where he draws out his miserable existence till death relieves him from his sufferings. Such doings would seem almost a disgrace to a heathen country. There are leper colonies in the Southern Gulf States, yet the intervening States positively refuse to allow the leper to be carried to them, though making absolutely no provision themselves for such a contingency.

Now, this is all plainly contrary to experience and common sense. Leprosy is undoubtedly a contagious disease, conveyed by the patient in certain conditions to those who come into contact with him, but the infection is very slow and uncertain, and the contact must, apparently, be extremely intimate, so that the conveyance of the patient from city to city in a public vehicle, or a casual contact with him even by touch upon his flesh, is, we believe, wholly without danger.

It is high time, however, that something should be done to meet the needs of isolation of patients suffering from this disease, and we welcome the suggestion that the United States Government, under the efficient care of its Marine Hospital Service, should establish somewhere within its confines a leprosarium fully equipped for scientific treatment and provided with all the comforts possible for brightening the lives of those unfortunates who are compelled to be confined within it. It has been suggested that one of these national leprosariums should be established in the Gulf States and another near our northern boundaries to meet the need of the different races who are prone to the disease and to offer better adaptation to the climatic peculiarities of the patients. There is no doubt that this will eventually be done; there is no doubt that it can be done with safety to the dwellers in the region where the sanitarium is located; there is no doubt that it will save our country from the further spread of leprosy among its own inhabitants; and, finally, there is no doubt that in such a well-appointed leprosarium the life habits of its bacillus, the methods of infection and the means of prevention, alleviation and possibly cure could be more quickly studied out. It may be that American medical science, now so earnestly attacking tuberculosis, may win the honor of the conquest of leprosy in addition—this second universal plague, around which, down the ages, there has been woven so much of mystery, of romance and of horror. Every thoughtful physician in Maryland must have felt in some degree disgraced by our treatment of the lepers who have occasionally been found within our borders, and will without a doubt be glad to further in every way within his power the enactment by Congress in its next session of the laws necessary for the establishment of such a leprosarium, as was with considerable promise of success urged upon Senators and Representatives recently by the Government medical service and by physicians in private practice.

THE SEMI-ANNUAL MEETING.

THE meeting at Ocean City was attended by about 60 members, a number of whom were accompanied by their wives. While the attendance was not as large as might have been expected, yet the lateness of the season at Ocean City and the lack of attractions other than those afforded by the meeting itself may account for the smallness of the number. Only 13 members were present from the Eastern Shore, while the extreme western and southern parts of the State were well represented. Each of the sessions was well attended, and general interest was manifested in the various papers, which were ably discussed.

The State care of the insane was the leading topic at one of the sessions, and from the views expressed there is no doubt that the entire medical profession will be thoroughly aroused, and favorable legislation brought about through a concerted action of the profession in co-operating with the plans announced by the Secretary of the State Lunacy Commission.

The report of the Building Committee was very gratifying to the members present, who were pleased to know that the new home of the Faculty would be a reality instead of a long-deferred hope. A number of new subscriptions were made by the members present.

The secretary of the Maryland Association for the Prevention and Relief of Tuberculosis gave a very interesting account of the International Congress on Tuberculosis, suggesting that everyone present should at least make an effort to see the exhibits if unable to hear such noted authorities as will speak at the congress.

The address of welcome by the president of the Worcester County Medical Society was cordial and happily received.

The address of the president of the Faculty on the life of a country doctor was indeed a charming dissertation and almost prompted everyone to wish to be a country doctor.

The question presents itself whether it would not be advisable to hold meetings hereafter in the larger towns of the State to enlist enthusiasm and interest among the medical residents by giving them increased responsibility in providing for the comfort of the visiting physicians, thus bringing them closer together in a united effort, which is not the case when meetings are held at summer resorts. There appears to be no reason why accommodations

could not be thus secured for the visiting physicians as is done for the teachers' institutes when held in the various county-towns of the State.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

THE American Association of Obstetricians and Gynecologists held its twenty-first annual meeting at the Hotel Belvedere, Baltimore, September 22-24, under the presidency of Dr. E. Gustav Zinke of Cincinnati. An address of welcome was given by Mayor Mahool, and Dr. Brice W. Goldsborough, president of the State Medical Association, delivered an address of welcome on behalf of the medical profession. After two sessions devoted to the reading of papers, the first day closed with the address of the president, Dr. Zinke, on present-day problems for the advancement of the welfare of parturients, advocating hospital care.

On Wednesday morning the association visited the Johns Hopkins Hospital and witnessed operations by Dr. John M. T. Finney, Harvey Cushing, Howard A. Kelly and Guy L. Hunker. In the evening the banquet was held, about 40 guests attending, Dr. Joseph H. Branhams being toastmaster. In the absence of the Governor, Secretary of State N. Winslow Williams took his place. Toasts were responded to by Drs. Zinke, Wilmer Brinton, Howard A. Kelly and by Judge Conway W. Sams.

The program of the literary sessions included the following papers: "A Case of Pubiotomy on the Non-Pregnant Woman," by Dr. John N. Bell, Detroit; "Arteriosclerosis of the Uterus, a Cause of Alarming Hemorrhages About the time of Menopause Indistinguishable from Cancer and Often the Cause of Uncontrollable Hemorrhage, Demanding Hysterectomy, the Exact Diagnosis Being Made Upon the Specimen by Microscopical Examination," Charles M. Rees, Charleston; "Hysteria as the Surgeon Sees It," Ap Morgan Vance, Louisville; "Comparative Merits of Abdominal Celiotomy and Colpotomy for Intrapelvic Abscess, Guides to the Operation and Illustrative Cases," W. S. Smith, Baltimore; "Tubercular Peritonitis," W. D. Haggard, Asheville; "A Precaution in Laparotomy," H. S. Crossen, St. Louis; "Gilliam Operation," W. H. Humiston, Cleveland; "Hysterectomy," S. W. Bandler, New York; "Mobility of Patient After Laparotomy," W. B. Chase, Brooklyn; "Periappendical Abscess," W. B. Sellman, Baltimore; "Ectopic Gestation," X. O. Werder, Pittsburg;

also by H. E. Hayd, Buffalo, and by C. E. Bonnifield, Cincinnati; "Pancreatitis," L. Frank, Louisville; "Abscess of Gaertner's Canal," M. A. Tate, Cincinnati; "Purgatives," E. Walker, Evansville; "Obstetrical Shock," A. H. Wright, Toronto; "Cæsarean Section," C. C. Frederick, Buffalo; "Placenta Succenturiata," E. T. Abrams, Dollar Bay; "Two Months of Ovum Growth," H. Schwartz, St. Louis; "Pregnancy with Ovarian Dermoid," W. P. Manton, Detroit; "Intraligamentous Fibroids," J. F. Erdmann, New York; similar papers by A. Vanderveer, Albany; by J. H. Carstens, Detroit; by W. J. Gillette, Toledo; by R. R. Huggins, Pittsburg, and by F. Reder, St. Louis; "Ovarian Cystoma in Pregnancy," C. G. Cumston, Boston; "Bladder Injuries in Herniotomy," R. E. Skeel, Cleveland; "External Bladder Interferences," R. Guiteras, New York; "Abdominal Operations," G. W. Crile, Cleveland; "Typhoid Perforations," J. B. Davis, Birmingham; "Uterine Specimen," J. H. Branham, Baltimore; "Typhlitis," J. A. Lyons, Chicago; "Retroversion Surgery," A. Gildspohn, Chicago; "Studies in Abdominal Supporters Upon Animals," R. T. Morris, New York; "Gastric Tetany, with Operation," J. Y. Brown and William Engelbach, St. Louis; "Repair versus Removal in Women's Diseases," J. E. Cannaday, Charleston, W. Va.; "Subdiaphragmatic Abscess," J. W. Keefe, Providence; "Twenty Miscarriages in One Patient," W. H. Humiston, Cleveland.

Dr. W. A. B. Sellman was chairman of committee of arrangements.

The officers for the coming year are: President, Dr. Humiston; vice-presidents, Dr. J. E. Sadler, Poughkeepsie, and Dr. J. D. Davis, Birmingham; secretary, Dr. W. W. Potter, Buffalo, who founded the association; treasurer, Dr. X. O. Werder, Pittsburg; chairman executive committee, Dr. R. G. Hall, Cincinnati. The next meeting will be held at Fort Wayne, Ind., in September, 1909.

DR. BENJAMIN WHITELEY.

ON September 26, at the age of 64, Dr. Benjamin Whiteley of Catonsville, Md., died at the Union Protestant Infirmary, Baltimore, from the effects of a carbuncle, after an illness of several weeks.

Dr. Whiteley was of the ideal type of citizen-physician, possessing rare personal qualities, well balanced, with a good degree of medical skill and success. He lived a consistent re-

ligious life, and was for many years an office-bearer in his church organization.

Dr. Whiteley was born in Frederica, Del., and was descended from a line of physicians, both his father and grandfather having attained professional distinction in the practice of medicine. His grandsire, Dr. William Stevens Whiteley, was known as one of the early residents of Maryland.

Dr. Benjamin Whiteley's medical education was conducted under his father's instruction. He was later graduated from the Jefferson Medical College of Philadelphia, after which he formed a copartnership in practice with his father in Delaware, where he remained until

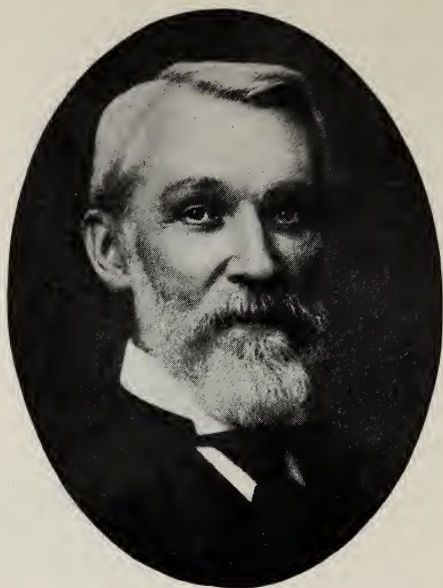


DR. BENJAMIN WHITELEY
1844-1908

1894. While a resident of Delaware the younger Dr. Whiteley served on the staff of Governor Hall and Governor Benjamin Biggs, acting as Colonel when his staff took part in the Philadelphia Centennial.

In medical circles in Maryland Dr. Whiteley was best known through his active participation in the Baltimore County Medical Society, formerly as treasurer and afterwards as president, and was useful and active in the affairs of the Medical and Chirurgical Faculty in general.

His burial took place at his old home in Frederica, Del.



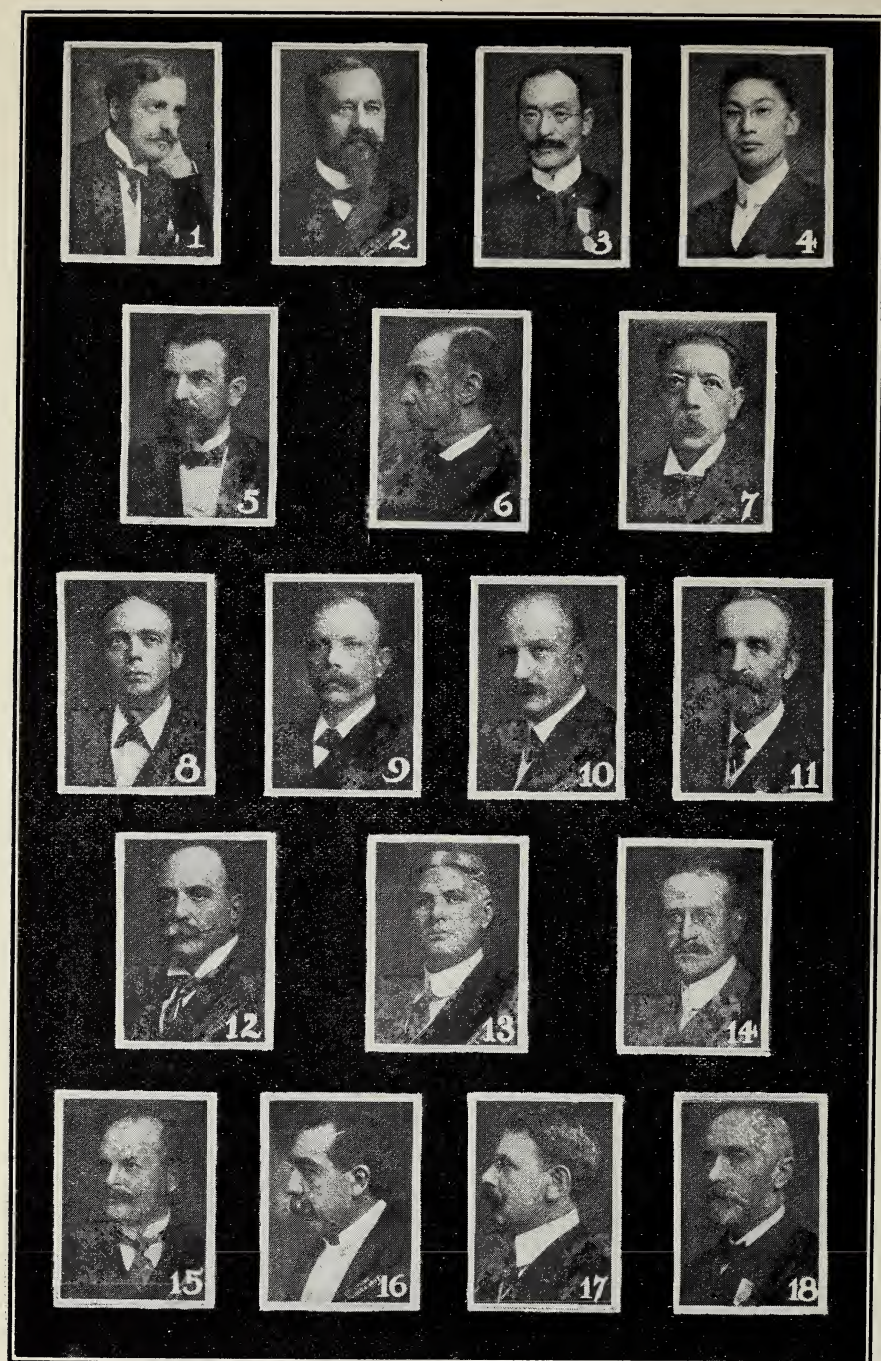
PORTRAIT OF THE LATE DR. RUSSELL MURDOCH

Recently Presented to the Library of the Medical and Chirurgical Faculty by Dr. Harry Friedenwald and Dr. T. Chew Worthington



SHOWING PROGRESS OF WORK ON NEW LIBRARY BUILDING AT END OF FIRST MONTH





—Photos by Towles

DISTINGUISHED FOREIGN DELEGATES AT THE TUBERCULOSIS CONGRESS

- | | | |
|--|---------------------------------------|------------------------------------|
| 1. M. Augustine Rey, Architect, Paris | 7. Dr. Eduardo Liceaga, Mexico City | 13. Dr. Juan Uller, Costa Rica |
| 2. Prof. A. Calmette, Pasteur Institute. | 8. Dr. Paul G. Woolley, Siam | 14. Dr. Bertil Buhre, Sweden |
| 3. Dr. G. Suto, Tokio, Japan | 9. Prof. N. Ph. Tendeloo, Holland | 15. Dr. Karl Hamol, Berlin |
| 4. Dr. M. Jee, China | 10. Dr. O. Amrein, Arosa, Switzerland | 16. Dr. Camilo Calleja, Madrid |
| 5. Dr. A. Wladimiroff, St. Petersburg | 11. Dr. Arthur Newsholme, London | 17. Dr. Fermin Rodiguezhiho, S. A. |
| 6. Dr. C. Theodore Williams, London | 12. Mr. Ramon Bengoechea, Guatemala | 18. Prof. B. Bang, Copenhagen |

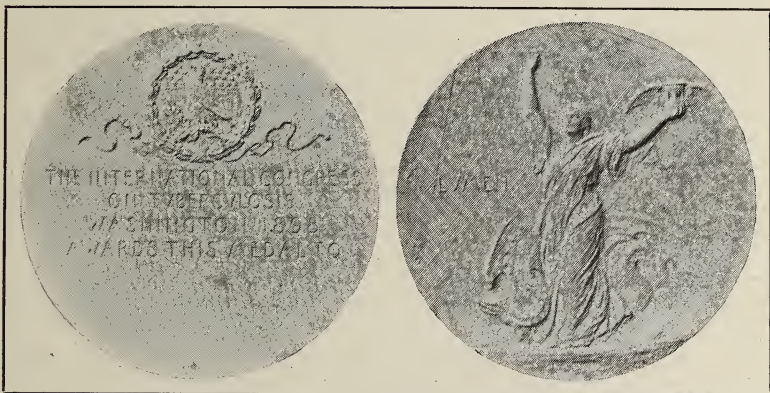
MARYLAND MEDICAL JOURNAL

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PHOTOGRAPH (ONE-HALF DIAMETER) OF PLASTER CASTS FROM APPROVED MODELS FOR THE GOLD MEDALS AWARDED BY THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

HONORS TO MARYLAND.

IN winning highest honors in a world-wide competition touching matters which represent the foremost scientific advance of the age Maryland has clearly taken her place in the front line of progressiveness. The prize of \$1000 awarded to her at the International Congress on Tuberculosis for the work of the Phipps Institute is a result primarily, of course, of the benevolence of Mr. Phipps, yet the right of Maryland to it as a tribute to her own energy and excellence of work is evident from the fact that it was awarded in competition with the even more heavily endowed Phipps Dispensary of Philadelphia. It is therefore distinctly a Maryland trophy.

That Maryland should obtain the second prize against all the States of the Union for excellence of laws actually enforced looking to the prevention of tuberculosis is another matter for sincere congratulation. New York, which led in so many other particu-

lars, came in this competition after Maryland, Wisconsin winning the first prize.

Another proof of the all-round excellence of the Maryland exhibit was the award to our State Board of Health of the first prize for the best unit package of preventive supplies for a tuberculosis patient. This was awarded in competition with the Phipps Dispensary of Philadelphia, above referred to.

Although we find no mention of any prize awarded to our City Health Department, the fine showing made by it at the exhibition is a matter of general comment.

That the Eudowood Sanitarium in the suburbs of Baltimore should stand forth as affording in its farm colony the best plan in existence in the world for the care of patients in whom the progress of the disease has been arrested will be a matter of most happy surprise to all of our readers. This institution, started by private subscriptions among our citizens, and so many years struggling for mere existence, was said by the delegates of the Congress who visited it to compare favorably in every respect with the very best institutions of this sort in Europe.

Another very gratifying success was the winning of honorable mention by the Baltimore Visiting Nurses' Association for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since 1905.

A second local institution which received honorable mention in this same competition was the Maryland Association for the Prevention and Relief of Tuberculosis.

A special award of honorable mention was given to the Hospital for Crippled Children, a Baltimore institution, for its graphic portrayal of the plant and its work.

A silver medal was given to the Maryland Association for the Prevention and Relief of Tuberculosis for the largest membership in proportion to population, a proof both of the energy of the society and of the interest of the Maryland public in its beneficent aims. The same society obtained honorable mention for the best plan of raising money for the crusade against tuberculosis.

Other lesser honors may possibly have escaped us in a review of the long list of prizes given by the Congress. A perusal of the catalogue of the committees on prizes and their subcommittees convinces us that these honors to Maryland were awarded impartially by the common consent of members from other States of the Union and from foreign countries.

HUMAN AND BOVINE.

AN international tuberculosis congress without the presence of the famous discoverer of the bacillus would be like the play of *Hamlet* with Hamlet left out. Yet the position which Dr. Koch occupied in the late Congress did not depend by any means upon his past record as a pioneer in preventive medicine.

Like many another hero of world-wide fame, Dr. Koch in his later life has been called upon to experience almost overwhelming opposition and even bitter taunts as a scientific "back number." As one of his antagonists had the hardihood to declare during the recent International Tuberculosis Congress, "Dr. Koch isolated the tubercular bacillus; today Science isolated Dr. Koch."

Strange to say, in this battle (the Bull Run of pathology) Dr. Koch and his adversaries are occupying positions exactly the reverse of those which they held in 1882 when the great scientist announced his wonderful discovery of the bacillus. At that time Dr. Koch held that human and bovine tuberculosis were identical and that the bovine type was directly transmissible to man.

Toward Virchow, who had long maintained that the diseases were entirely distinct, the attitude of the Koch school was characterized by a certain degree of contempt. This Virchow bore with great patience, welcoming Dr. Koch's conversion in 1901 to his own views; for, said he, "I certainly have never understood how anyone could maintain that the two were identical." Of late years the trend of scientific faith has been strongly in favor of Dr. Koch's original position.

At the recent meetings of the leading scientists called together by the International Congress the discussion of this subject aroused the most intense interest. Dr. Koch maintained with great positiveness his contention made in 1901 before the Congress held in London, and affirmed that cases of tuberculosis in the human due to bovine infection are so vague and indefinite as to be almost *nil*. He declared at an informal meeting with closed doors at the New Willard (which was called for the purpose of receiving a complete expression of his opinion) that up to date in no case of pulmonary tuberculosis has the tubercle bacillus of the bovine type been definitely demonstrated. So bitter were the attacks of his opponents that a second meeting was called later in the afternoon at the request of Dr. Koch in order that he might obtain through a fuller discussion some protection from the attacks of his fellow-scientists. Evidently these meetings did not lack in spirit. The conclusion of the matter was that Dr. Koch has promised to devote the next three years to a new study of the subject and to report his conclusions to the next Congress.

Opinions as to the honors of the contest differ decidedly. One authority says "the uniformity of the tubercular bacillus is recognized everywhere today, and even the Prussian Government refutes Koch's theory." Another states that in America there is a general disagreement with Koch. An editorial, however, in a leading Washington paper which devoted great attention to the Congress and to this discussion says "the opponents of Dr. Koch took no action which did not sustain his every contention. The Congress declared simply that bovine tuberculosis is recognized as transmissible to man, which Dr. Koch and all others admit.

The Congress was careful not to go on record as to the possibility of pulmonary tuberculosis in man being caused by bovine bacilli."

Certainly great progress is being made toward a thorough understanding of the matter, and it is to be hoped that by the time the next Congress assembles a solution may be reached which will obtain the adherence of all competent scientific observers.

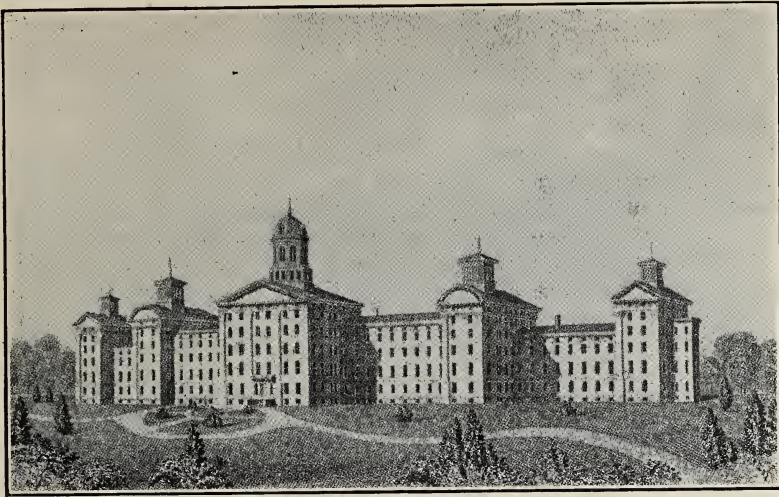
INOCULATION DIFFERENTIATION.

A FEATURE of the Congress which roused considerable interest was the demonstration made by Dr. Detre of Budapest on September 30 of his method (a modification of that of Dr. von Pirquet of Vienna) for the differentiation of bovine and human tuberculosis in the human patient. It was made at the District of Columbia Tuberculosis Hospital, and the patients were brought to the National Museum for exhibition on October 2. Three different substances were inoculated in the skin of the arm—a concentration of Dr. Koch's old tuberculin, a filtrate of a culture of human tubercle bacillus, a filtrate of a culture of bovine tubercle bacillus. Dr. Detre claimed that by the appearance of the local reaction in the skin about the place of inoculation he could determine whether the patient's already existing disease was contracted from human or bovine sources. He believed that he and other observers by this method have proven that in more than 90 per cent. the human reaction is strongly presented, while, especially in visceral and surgical cases, the bovine reaction is given in about 1 per cent. Moreover, he claims that he can in this way distinguish between chronic tuberculosis and an acute attack.

The method of Dr. Detre was not absolutely established in the estimation of many of the Americans and foreigners present. It is evident, however, that if further observation confirms his theory a very decided advance toward the comprehension of the whole subject of tuberculosis in the human will have been made.

DISTINGUISHED FOREIGN DELEGATES.

A FEATURE of this number of the JOURNAL which we are sure will please many of our readers is a grouping presented of the portraits of several of the foreign members of the Tuberculosis Congress. These are all new portraits taken during the sessions of the International Congress on Tuberculosis and represent the members as they actually appeared at the gathering. Such an assemblage of photographs of leaders of modern medical thought and clinical research is, we believe, quite unique in the history of American medical journalism and is in line with our purpose to make the MARYLAND MEDICAL JOURNAL a model of alertness and progressiveness in every department of medical science. Other pictures of American and foreign medical men of renown have appeared in recent numbers of the JOURNAL in our reports of the Congress.



MOUNT HOPE, RETREAT, FIVE MILES FROM BALTIMORE, ON THE WESTERN MARYLAND RAILROAD.

MOUNT HOPE RETREAT FOR THE INSANE.*

THIS great institution is owned and conducted by the Sisters of Charity, members of a sisterhood which is engaged in work for "the relief of distress of all kinds and of ignorance," the patron saint being St. Vincent. The home of the order is in Paris. The American branch was founded here by Mother Seaton and has its central station at Emmitsburg, Md. From 1834 to 1840 this sisterhood had charge, as we have stated in another article, of the nursing of the patients in the Maryland Hospital on Broadway, which was gradually confining its attention to the care of the insane only. In 1840 the sisterhood terminated their contract with the State, receiving full endorsement of the efficiency and faithfulness of their service.

Immediately thereafter (as we are informed by a private letter from Sister Catherine, who for more than 28 years has been in charge of the institution) some of the relatives and guardians of the patients whom they had nursed in the Maryland Hospital, thinking that the Sisters were going elsewhere to serve the insane, entreated them to take the patients along with them, promising to be responsible for them. The Sisters agreed, therefore, to begin a lunatic asylum of their own. For this purpose they rented for two years a small house on Front street adjoining St. Vincent's Church. They had eight patients, and secured as medical attendant Dr. R. A. Durkee, a physician of high standing, who graduated from the University of Pennsylvania, settled in Baltimore and became prominent in medical circles here. He was consulting physician to the City Board of Health, one of the editors and founders

*The second of a series of articles on Psychiatry in Maryland. Next month consideration will be given the Sheppard and Enoch Pratt Hospital.

of the *Maryland Medical and Surgical Journal*, at that time the Faculty organ; secretary of the Faculty, and after a long illness died in 1848.

In 1842 the new enterprise of the Sisters suddenly took on new life and increased greatly in magnitude. This was apparently due to their good fortune in securing the co-operation and guidance of a progressive physician of uncommon energy, newly arrived in Baltimore, Dr. Wm. H. Stokes, who for 45 years devoted his life untiringly to the promotion of the interests of this unfortunate class of patients. After a brief location at Mount St. Vincent, a country-seat of 10 acres on the Harford road, on which stood an old frame building capable of accommodating about 50 patients and their attendants, which was soon overcrowded, the Sisters in 1844 purchased Mount Hope College on North avenue, a building erected, we are told, for a medical college and used partly for that purpose and partly as a bank. Desiring to emphasize the hospital character of their work, the Sisters retained the name which the college had borne, and ever since their institution has been called Mount Hope Retreat. The old house, surrounded by beautiful grounds, was greatly enlarged from time to time and furnished with "all arrangements and appliances which the humane spirit of the age deemed essential for the successful treatment of mental diseases until it was equipped in a style of elegance and comfort unsurpassed by any similar establishment in the country."

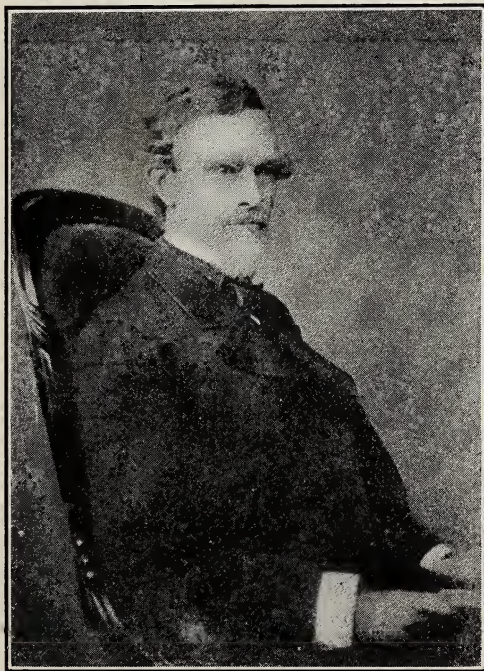
Dr. Stokes (grandfather of Dr. William Royal Stokes, bacteriologist to the City Health Department), born in Havre de Grace in 1812, was a pupil of Dr. Richard Sprigg Steuart, the founder of the Maryland Hospital for the Insane, and after graduating at the University of Maryland he became for a year resident physician in the hospital under Dr. Steuart. Practicing in Mobile privately for two years and then for two more years as Marine Hospital surgeon there, he made next a visit to Europe, during which he received, as he says, a new inspiration for the treatment of the insane. Previous to that time the doctrines of Cullen and Rush were taught in all schools and followed by the highest authorities. In all asylums for the insane, both in America and in Europe, the most active antiphlogistic treatment was observed in acute mania, with low diet, large doses of calomel and other agencies to depress the vital forces to the lowest degree. Large blood-letting in the standing, recumbent or sitting posture to the amount of 40 ounces was recommended. Drastic purgatives, seclusion in unwholesome basement rooms, quieted their excitement; moral treatment, hygienic measures and suitable occupation and exercise were ignored almost wholly. The shower bath, large quantities of tartar emetic and mercury ptyalism were popular in the treatment of insanity, and patients might be found chained by the foot to staples in cold basement rooms in mid-winter. In London Dr. Stokes visited Hanwell and saw for himself the practical working of Dr. Conolly's new system of non-restraint, which had been established two years before. During the first year of this system Dr. Conolly reported the daily number

under (mechanical) restraint to have been never more than 14 and sometimes only 4 in an insane population of 800.

Convinced that his whole method of treatment used in the old Maryland Hospital while resident physician had been radically wrong, Dr. Stokes undertook on his return to establish the grand idea of Dr. Conolly in the new hospital at Mt. St. Vincent, with the earnest co-operation of the Sisters of Charity.

A NEW DEPARTURE.

The crowning merit of the hospital he claimed to be a still more novel experiment—that is that the male patients now enjoyed the direct care of the Sisters of Charity, which had heretofore been given only to the female patients. In his report for 1880 he says: "One hundred and sixty male patients occupy eight halls or corridors, and each hall is cared for by two Sisters of Charity, with only one male attendant. The Sisters themselves had introduced into this country the new era of waiting upon the male patients themselves instead of turning them over to hired male attendants, men of herculean stature, of rough, repulsive manners, of stern, unrelenting character, who by blows and stripes inspired the helpless men under them with a constant feeling of awe and dread. The experience of the Sisters, based upon 40 years' kindly service, was that no maniac is too dangerous, none too violent to receive the gentle ministrations and tender care of a trained female, devoted to deeds of charity and self-denial. The tender sway and



DR. WILLIAM H. STOKES

1812—1893

Visiting Physician to Mount Hope Retreat, 1843 to 1887

warm-hearted sympathy of a skilled female they found to be incalculably more effective in subduing the violent excitement of the most turbulent maniac than the efforts of a male attendant, however careful and educated for the work. The effect of their presence in the halls was to promote a state of general quietude, docility and good nature in the male department." Dr. Stokes' confidence in both medical and moral agencies patiently and persistently employed was greatly confirmed by his long experience in Mount Hope. The drugs which he used we are not at present able to enumerate. Doubtless they were carefully and judiciously administered. Occupation of the patients, he was convinced, was a necessary curative agent, but he soon learned that private patients brought up in luxury and independence could seldom be induced to undertake arduous labor. Great ingenuity was required to find recreations suitable to their requirements.

Moral treatment he considered of the utmost importance. Both physicians and nurses should feel that the affliction of mental disease does not necessarily block up the avenues to the human heart, and that however cloudy may be the powers of the understanding, and however erratic the processes of thought and action, the human heart, with its tender susceptibilities, is still mercifully spared them and is ever ready to respond to the voice of kindness and sympathy. We regard it as an established truth that the nearer the circumstances of each case will permit an approximation to what is required by and due to the sane the more rational and successful will be our treatment of the insane.

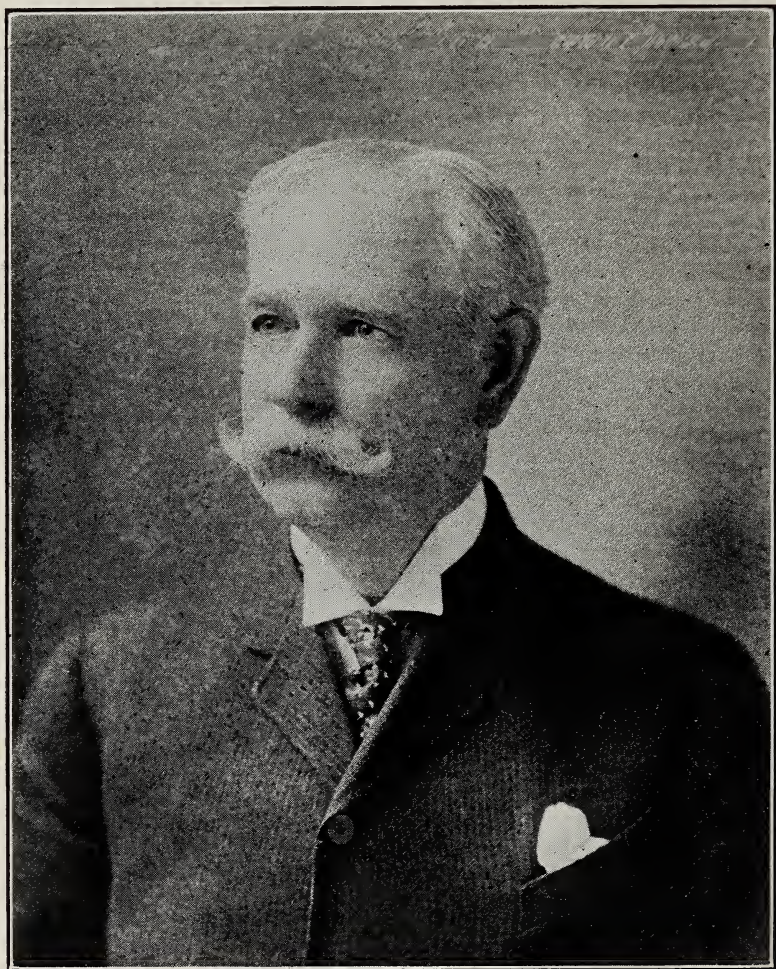
This, which seems to us in the twentieth century mere platitude, was in the middle of the nineteenth century most startlingly progressive doctrine, especially its claim that the whole field of nursing in every department of human illness belongs properly to women.

In another place Dr. Stokes explains the curious fact that, apart from treatment, confinement in an asylum is so often curative to the incipient insane. In their own homes the onset of insanity induces a change not only in the patient, but also in the members of his household. As he fails in his self-control they more and more attempt the mastery of him; if formerly they were uniformly affectionate, they must now at times be severe; if formerly submissive to his wishes, they must now oppose him. As the insane man considers himself quite sane, he is utterly unable to account for this change of attitude in those about him; he suspects that for some reason his best friends have become his enemies, and is naturally brought into the most violent antagonism to them. He is similarly puzzled to adjust himself to a too great sympathy on their part. The resulting mental turmoil and exhaustion is very injurious to his sick brain. In a hospital, on the other hand, he expects to find himself more or less under control, and observing that all the other inmates are subjected to the same, he soon arrives at a most wholesome state of mental quietude.

Finding the institution on North avenue soon overcrowded and their grounds threatened by the extension of streets, a beautiful tract of land was in 1859 purchased by the Sisters on the Reisters-

town road, a mile from the city limits. Here the new Mount Hope Retreat arose in the midst of a fertile farm of over 300 acres—an imposing structure in which at the present day nearly 700 patients are cared for under the charge of 60 Sisters of Charity. Its medical interests are in charge of Dr. Charles G. Hill, a graduate of Washington University (now the Church Home and Infirmary), president of the Baltimore Medical College and its professor of nervous and mental diseases, and formerly president of the Medical and Chirurgical Faculty. After occupying for five years the position of assistant to Dr. Stokes in his great work, he succeeded the latter and continued the progressive policy which he had introduced. The success of his administration and of the Sisters' wise management is sufficiently proven by the position which the institution now holds as the equal of the two great State hospitals for the insane of Maryland. Under his direction much valuable work has been done along etiological lines, especially the laboratory investigations carried out by Dr. Richardson in regard to the digestive processes and the kidney secretions of the insane. At a recent visit Dr. Hill explained to us at some length his methods of treatment. The drugs used to quiet patients, when drugs are necessary, are phenacetine and codeia. Chloral and paraldehyde, so much lauded a few years ago, are never used. For intestinal disinfection calomel in small doses is found very good. Alkalies to reduce acidity are found to be very beneficial to many excited patients. The tension of the pulse in many cases is a helpful indication that a mental crisis is at hand, and is often met satisfactorily by depressants. The thyroid extract is found very good in some cases. For intestinal antiseptics small doses of peroxide of hydrogen are found sometimes helpful. In dementia where there is greed there is often a very bad green diarrhea. This condition is relieved in a very remarkable way by doses of from two to five grains of iodoform. In epilepsy an ammonia wave in the urine and sometimes high blood pressure often gives warning of the attack. Epileptics are found sometimes to make quick improvement on a diet including proteids, but free from starch and sugar. Moderate restraint, including the camisole for short periods, is used when necessary in the hospital, and there are locks on the doors. Outdoor freedom is secured to the patients by a fenced park for each sex, in which they may roam at will under the charge of Sisters, who occupy themselves with knitting and the like during the recreation hours in the pleasant shade.

A very characteristic feature of this retreat is the grouping of the patients into a number of families, each with two or more Sisters at its head. The patients as they come in, of whatever form of insanity, are at once assigned to a particular family, which will contain within it individuals with minds of all sorts. If melancholic, he is not herded with a group of other melancholics, but has as his associates patients of even an overcheerful disposition. He is not so much a prisoner under restraint as a member of a household in which he is expected more and more, as he is able, to observe the little social amenities. His coming has been duly announced, and the other members of the family are urged to use



CHARLES GERALDUS HILL, A.M., M.D.
Physician-in-Chief to Mount Hope Retreat

every effort to make his stay a pleasant one. Thus each helps to overcome the mental deficiencies of the other. There are two tables in each household. The new guest is placed at the lower table with the less tidy patients. If he does well, he is promoted to the pleasanter table among other well-behaved guests. In this way institutionalism is avoided and the patient, while in the hospital, is as nearly as possible under the domestic and social obligation which he must meet upon his discharge. Ever within reach as an adviser, sympathizer and friend is the kindly, tactful Sister, who soon comes to know each of those under her charge in a way which can never be attained by mere institutional or hospital methods. Making their home for a lifetime among the groups assigned to their care, the Sisters become very skilful in meeting the mental, moral and, to some extent, the physical needs of those under them.

This institution is conducted without aid from the State, and receives all classes of insane patients, even demented.

HYPNOTISM.

CONDENSED REPORT OF TWO LECTURES DELIVERED BY PIERRE JANET, M.D., AT THE JOHNS HOPKINS UNIVERSITY. TRANSLATED BY JOHN D. FISKE, M.D.

MENTAL science or mental healing was practiced by the priests at the Temple of Æsculapius under three grades—the reception committee, who received the patients from all parts of the world; the committee who made the diagnosis and grouped them according to their maladies, and the hypnotic committee, who chanted their cures, by hours at a time, through hypnotic suggestion. They told them continuously of similar cures and how they would wake up in perfect health after having slept all night at the feet of the statue of the great god Æsculapius, which stood in the holy of holies in the center of the temple. The treatment constituted from the very beginning a slow initiation, surrounded with great mystery, among thousands of objects in precious metals, representing the different parts of the bodies of those patients who testified to their miraculous cures—votive offerings, similar to many thousands which are seen to-day at all the shrines where miracles are the fashion. It is noteworthy that all the patients always come from a distance, and the greatest miracles are worked upon those who arrive in the greatest condition of fatigue, which is kept up until the many suggestions have worked a cure. The kind of suggestions are selected by the committee on diagnosis, and are suited to each individual case, as no two patients have exactly the same malady in exactly the same intensity. This procedure does not differ from the progressive initiation into the Eleusinian Mysteries, which was a moral cure for the sins of society, like Masonry in its minutest details.

MENTAL HEALING.

Mental healing consists in environment, repetition, exhaustion, suggestion and hypnotism, which constitute a reversal of the nat-

ural mental state absolutely uncontrolled by the will. The imagination is unlimited and unbounded by the idea suggested. The memories bring up before the intellectual faculties everything in every possible phase of the subject that form or experiences have stored in the brain. The imagination is not restricted by the will, and the train of thought cannot be diverted until the whole subject has been mentally exhausted. Concentration explains all cures by external contact. In paralysis of the arm, for example, the subject was ordered to concentrate the mind upon that member, to think how the movements were formerly made and imagine the sensations of movement, and to think of nothing else. It does not matter what mechanical means are used, whether metals, or massage, or passes of mesmerism, or a wafer of bread applied to the seat of paralysis, the results will be the same.

Direct suggestion is employed when the affection is superficial and indirect suggestion is employed when the complaint is deep seated. The direct method is the suggestion of opposites, but is not lasting.

The indirect plan is much more difficult of application and requires profound study of the symptoms, and consists in leading the patient away from his affliction on the same lines as his malady. Hysteria in some form constitutes the essential basis in all hypnotic patients. A subject must be hysterical in some degree to be placed in the hypnotic state.

SOCIAL STRAINS.

Of all the causes of mental aberrations the social tyrannies come first. The compelling and arbitrary rules of social standing are the most frequent causes of mental obliquity. The thousand states of mind which every man experiences each day in his contact with every individual he meets compel him to readjust his mind to each environment and to decide whether he is encountering a friend or foe, a person his superior or his inferior in the social or intellectual scale, and even to estimate the effect that this contact may have on the minds of his equals who see them together or hear about it.

This constant attrition in very many instances causes the soul to long for retirement and isolation. Hence the multitudes of convents known all over the world even from the dawn of history. Here is where the oversensitive brain can find peace and quietness and seclusion from the storm and stress of the wicked world. And this really means withdrawal from actual contact with society. Pagan, Eastern and modern convents and modern sanatoria are all intended for the same ultimate end, viz., the rest cure. Even Lenten observances tranquillize the mind and nervous system after a strenuous season of social functions, our devotions being supposed to blind us to the attitude of each individual we meet. All medicine and literature and modern thought have been evolved from some form of religion originally, and have become differentiated since the Dark Ages. Hence hypnotism still has a religious tincture.



PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

COUNTY MEDICAL SOCIETY MEETINGS.

MONTGOMERY COUNTY MEDICAL SOCIETY.

THE fall meeting of the Montgomery County Medical Society was held at the Library, Chevy Chase, Md., on Tuesday, October 20th, 1908.

Dinner promptly at 1 P. M.

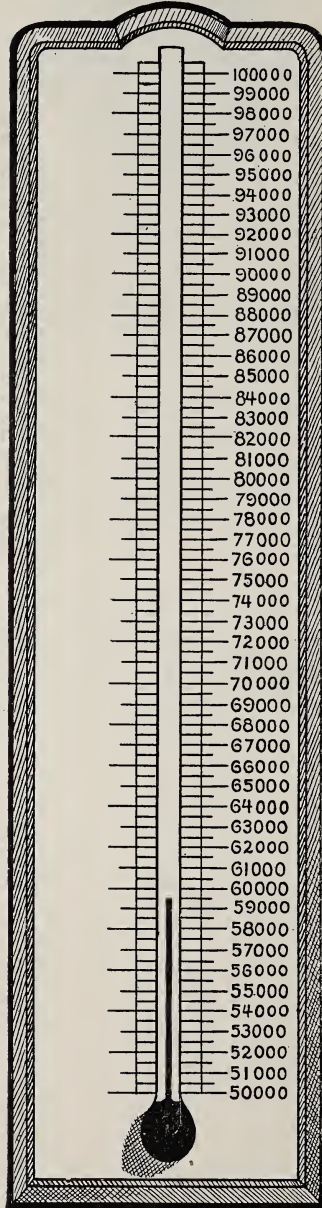
The scientific program at 2 P. M., as follows:

- (1) The State Society, its aspirations and its work.
Dr. Charles O'Donovan, Baltimore, Md.
- (2) Malaria.
Dr. Edward Anderson, Rockville.
- (3) Typhoid fever.
Dr. W. T. Pratt, Potomac.
- (4) Report of case of typhoid fever.
Dr. F. N. Henderson, Rockville.
- (5) Report of case of erysipelas.
Dr. Eugene Jones, Kensington.
- (6) Report of an eye case.
Dr. S. B. Muncaster, Washington.

It was voted to hold meetings during the winter.

JOHN L. LEWIS, Secretary.

**\$100,000.00 TO BE RAISED
BY APRIL 30, 1909.**



"HELP IT RISE"

REPORTS OF COMMITTEES, ETC., SUBMITTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY, APRIL 28-30, 1908.

MEMOIR COMMITTEE.

(Continued from October Number.)

NATHANIEL GARLAND KEIRLE, JR., M.D.,

was born in Baltimore, Md., June 24, 1874. His literary education was obtained in the public schools of Baltimore and his medical education in London, Paris, Berlin and Baltimore. He studied bacteriology at the Johns Hopkins Medical School, took a special course in the Pasteur Institute in Paris and graduated from the College of Physicians and Surgeons, Baltimore, with the degree of M.D. in 1897. After his graduation he held the following positions: Medical Superintendent and Chief Resident Physician at Bay View Asylum and the Hebrew Hospital, Baltimore; Associate Director and Chief of Laboratories of the Pasteur department of the City Hospital. Much of his time while in London, Paris and Berlin was given up to a study of the diseases of the rectum, which line of work he made his specialty. He was Quartermaster-Sergeant, Fourth Regiment, M. N. G., serving three years before he was of age. He was a member of the Sons of the American Revolution. His great-great-grandfather was a lieutenant in the Lexington forces. He was an Elk, a member of the Arundel Boat Club and of the Baltimore Athletic Club.

He wrote an article on the treatment of erysipelas which was quoted in foreign journals, and he did some experimental work in pharmacology which was published in the report of the Association of Pharmacy.

He was a most devoted son. He and his father were boon companions, the relationship being a peculiarly intimate one. Their tastes were congenial and they spent much of their time in each other's company. He was very sensitive, quick to anger, but did not "treasure up wrath nor bear malice." He was devoted to outdoor sports, especially boating and long-distance swimming. He was a good shot with either rifle or pistol, but would not engage in hunting, the cruelty of which was abhorrent to him. He was a man of extensive reading and capable of self-education, and he was thus able to remedy his somewhat defective preliminary education.

He died of pneumonia, January 5, 1908, at the age of 34 years, in Baltimore.

The Medical and Chirurgical Faculty of Maryland having learned of the death of their fellow-member, Nathaniel Garland Keirle, Jr., M.D., has adopted the following and has directed that a copy be sent to the family of Dr. Keirle and that a record be made of it on its Minutes:

In the death of Dr. Keirle this Faculty deeply mourns the loss of one of its younger members whom it looked to to advance the interests and standing of this body. He was active in his profession, and those who knew

him best say that had he lived he would have taken "a high place amongst the prominent physicians of Baltimore." He was a great reader and gave promise of being an influential member not only of the medical profession, but of this community. His quick and sensitive nature well fitted him to appreciate and take measures to relieve suffering humanity, to which he had devoted his life. He has left a noble example of filial devotion which we urge upon the attention of all young men. Such devotion shows his character as nothing else can. We can ill afford to lose from our ranks men of such qualities of heart and brain.

This Faculty extends to the family of Dr. Keirle its sincere sympathy in this hour of their sorrow and bereavement.

CHARLES GRIFFITH WORTHINGTON MACGILL, M.D.,

was born in Hagerstown, Md., May 10, 1833. His father was the late Dr. Charles Macgill, under whom he commenced the study of medicine. He entered the Medical Department of the University of Maryland and graduated from there in 1856. After his graduation he settled in Hagerstown and practiced his profession there from 1856 to 1862. At the outbreak of the Civil War he entered the Confederate service and was appointed a member of the medical staff of Stonewall Jackson's brigade. He soon became a personal friend of General Jackson's, and after the latter's death he remained with the brigade. His father and four brothers were also in the service of the Confederacy. During the war Dr. Macgill's father was arrested by the Federal forces charged with passing dispatches through the lines. He was confined for a long period in Fortress Monroe, but was never found guilty.

At the close of the war Dr. Macgill came to Baltimore and purchased a home on Frederick avenue, where he lived until the time of his death. Before the war he married Miss McEndree of Shepherdstown, Va. He was one of seven brothers, all of whom are dead except Mr. James Macgill of Pulaski, Va. He has one son and four daughters.

Dr. Macgill was one of the organizers of the First National Bank of Catonsville, which opened in 1898, and was its president at the time of his death. He was for many years a director of the Maryland Hospital for the Insane at Spring Grove. He was the senior member of the vestry of St. Timothy's Protestant Episcopal Church. He joined this Faculty in 1879 and was elected one of its Vice-Presidents in 1889.

Dr. Macgill was a man of varied attainments and he had a versatile mind. He took a deep interest not only in medical matters, but in everything that tended to advance and develop human beings wherever he found them. He was a moving factor in the community in which he cast his lot, and he labored in all good works for Catonsville and its neighborhood. He was deeply interested in the welfare of all with whom he was brought into contact, and he will be sadly missed by all who knew him. He was a man of a lovable and loving disposition, and he made hosts of friends wherever he went. The poor and rich alike loved, honored and respected Dr. Macgill. He was a man of broad sympathies, and he entered feelingly into the sufferings and misfortunes of others and so endeared people to him. He had marked ability as a practitioner of medicine, as his large and influential practice abundantly testified. Needless to say that in all medical matters

which were for the betterment of his community he was to be found in the forefront. He was fond of this Faculty and aided her in every way that lay within his power.

The Medical and Chirurgical Faculty of Maryland having learned of the death of Charles Griffith Worthington Macgill, M.D., a member of this Faculty and a former Vice-President, desires to put on record its appreciation of his merit and worth, and to this end has adopted the following:

In the death of Dr. Macgill this Faculty, the medical profession and the community in which he lived have sustained a great loss. Dr. Macgill was a man whom to know was to love, honor and respect. He was a broad-minded man and deeply interested in all that concerned those with whom he was brought into contact. He labored through a long life for the upbuilding of all that was high and noble, and this Faculty and the community in which he lived are the better for his laborious efforts. His medical life was an example to all, especially the younger practitioners, as showing what a truly wise, conscientious practitioner of medicine should be, and we commend his example.

Dr. Macgill was a faithful and able practitioner of medicine, and his large and influential practice is the best evidence of the high esteem in which he was held. No call was too insignificant and no work too great if by such he could advance the interests of those who appealed to him. He was a powerful factor for good in his community and he associated himself with earnestness in all that was for his community's betterment. His ideals in medicine were high and he had at heart no other aim than to do the best that could be done for those committed to his care, and, as a result, his practice was markedly successful and his patients had the greatest love for him.

This Faculty extends to the family of Dr. Macgill its sincere sympathy in the great loss they have sustained.

JACKSON PIPER, A.B., A.M., M.D.,

was born in Baltimore, Md., November 9, 1828. He received his literary education at Princeton University, where he also received his literary degrees. His medical education was obtained at the University of Maryland, where he graduated in 1853. After his graduation he was appointed Resident Physician to the Baltimore City and County Almshouse, where he served for one year. He began the practice of his profession in Taneytown, Md., in 1854, and continued there until 1862, when he removed to Baltimore. Here he remained until 1864, when he removed to Towson, Md.

He was for a period of twelve years attending physician to the Baltimore County Almshouse at Towson. He was President of the Maryland State Board of Health, 1884-1892, and President of the Baltimore County Medical Association, 1897-1898.

He died at ——— from ——— October 11, 1907, at the age of 79 years.

The Medical and Chirurgical Faculty of Maryland having learned of the death of Jackson Piper, A.B., A.M., M.D., has adopted the following:

Resolved 1st.—That in the death of Dr. Piper this Faculty has lost a valu-

able fellow-member and one of its best and most conscientious workers in the field of his chosen calling.

Resolved 2d.—That we desire to put on record our high esteem for him as a gentleman, scholar and physician. We desire to note in terms of commendation the valuable work he has done as a member of this Faculty and of the medical profession. He has devoted his life to doing the best he was able for his fellow-man. As a member of the State Board of Health he rendered valuable services to this whole community. He was a man of ripe experience and good judgment, and well merited the high esteem in which he was held by all who came into contact with him.

Resolved 3d.—That this Faculty, the medical profession and the community at large have met with a sad loss in the death of Dr. Piper.

Resolved 4th.—That a copy of these resolutions be sent to the family of Dr. Piper and a copy placed upon our Minutes.

ROBERT C. REULING, M.D.,

was born in Baltimore, Md., July 28, 1872. He obtained his literary education at Deichmann's School in Baltimore; he also took the biological course at the Johns Hopkins University. His medical education was obtained at the Baltimore Medical College and the Johns Hopkins Hospital; he also spent one year at the University of Oberlin. He obtained his degree of M.D. from the Baltimore Medical College in 1892. After his graduation he was Assistant Resident Physician at the Johns Hopkins Hospital, Assistant in the Clinic for Nervous Diseases and Chief of Clinic for Neurology in the same institution; Lecturer in Neurology, Baltimore Medical College; Demonstrator of Neuro-Pathology, University of Maryland; Resident Physician at Springfield (Md.) Hospital for the Insane.

He wrote and published the following: "A case of Brown-Sequard paralysis appearing one year after syphilitic infection;" "Three cases of pernicious anæmia, with description of changes in spinal cord;" "A case of right-sided infantile hemiplegia, with a description of the pathological changes found in the brain and spinal cord;" "The tuberculin test as a possible aid in the diagnosis of Addison's disease;" "Cavities in the brain produced by the bacillus aerogines capsulatus;" "Changes in the skin in paralysis agitans."

He belonged to a family of medical men dating back to 1625, his ancestor, Dr. George Reuling, being at that time appointed Surgeon-General of the medical staff of the army of Landgrave Ludwig of Hesse-Darmstadt, his great-uncle being Surgeon-General in the German Army during the Franco-Prussian War, his father's cousin was Privat-Dozent to Professor Hasse of Heidelberg, and his father now practices ophthalmology and otology in Baltimore.

Dr. Reuling was well endowed mentally and physically. He was of a very amiable disposition and was well educated on many subjects outside of medicine. He was especially fond of the nervous system and its pathological conditions, and devoted the greater portion of his time to a study and elucidation of its intricacies. It is said that to him the study of neurology was as fascinating as any romance.

He died of bilateral pneumonia, December 28, 1907, one week after entering upon his duties at the Springfield Hospital. He was 35 years of age.

The Medical and Chirurgical Faculty of Maryland having learned of the death of Robert Reuling, M.D., has adopted the following:

Resolved 1st.—That it is with profound sorrow and deep regret that this Faculty has to record the death of its fellow-member, Dr. Robert Reuling.

Resolved 2d.—This this Faculty feels very keenly the loss of such young members as Dr. Reuling on account of the energy, ability and devotion to duty displayed by him.

Resolved 3d.—That we honor him for all he was able to accomplish in the special line of work he chose. We honor him for his devotion to duty and for his investigations in regard to the insane and their treatment. We can ill spare those of our fellow-members who with honesty of purpose endeavor to throw light upon that which relates to neuro-pathology.

Resolved 4th.—That we extend to the family of Dr. Reuling our sympathy in the hour of their great bereavement, and that a copy of these Resolutions be recorded upon our Minutes.

MELCHIJAH SPRAGINS, M.D.,

was born in Baltimore. He obtained his literary education at Marston's School for Boys, Baltimore, and his medical education from the University of Maryland, where he graduated in 1899.

He was for nearly three years connected with the Health Department of Baltimore as Inspector of Throats, and Dr. Stokes says of him: "While connected with this (the Health) department he discharged his duties faithfully and well, and he was regarded as an earnest, honest official. It may be stated to his great credit that although he was aware that his health was impaired, yet he worked without complaint until the end." He died from ——— at St. Agnes Hospital, Baltimore, October 5, 1907, at the age of ——— years.

It is with profound sorrow and deep regret that the Medical and Chirurgical Faculty of Maryland has learned of the death of its fellow-member, Melchijah Spragins, M.D., and it is its wish that his family should know how much they sorrow over his loss. The Committee have been directed to extend to the family of Dr. Spragins the heartfelt sympathy of this Faculty and to say that the work and labors of Dr. Spragins will be sadly missed. Not only was he a member of this Faculty, thus showing his devotion to his profession, but in his connection with the State Board of Health he was engaged in work for the benefit and uplifting of the whole community.

ISAAC RIDGEWAY TRIMBLE, M.D.,

was born at Wye House, Talbot Co., Md., October 10, 1860. He was the grandson of Maj.-Gen. Isaac R. Trimble, one of the bravest and most distinguished officers in the Confederate Army. Dr. Trimble received his literary education at the Shenandoah Valley Academy and at the Johns Hopkins University. His medical education was received at the University of Maryland, where he graduated in 1884.

He held the following positions:

Assistant Resident Physician to the University Hospital.
1889-1899, Assistant Surgeon, Fifth Regiment, M. N. G.

1891-1899, Professor Anatomy, Operative and Clinical Surgery, Woman's Medical College, Baltimore.

1894-1896, Dean of the Woman's Medical College, Baltimore.

1896-1899, Lecturer on Clinical Surgery, University of Maryland.

1899-1908, Professor Anatomy and Clinical Surgery, College of Physicians and Surgeons, Baltimore.

Chief Surgeon Baltimore & Ohio Railroad.

Chief Surgeon United Railways, Baltimore.

Chief Surgeon Maryland Casualty Co.

Examiner for Provident Life & Trust Insurance Co.

Examiner for Travelers Insurance Co.

Chief Surgeon, First Brigade, M. N. G.

He was a member of the Medical and Chirurgical Faculty of Maryland, of the American Medical Association, of the Southern Surgical and Gynecological Society, of the Society of American Railway Surgeons, and of the Association of Surgeons of the Baltimore & Ohio Railroad. During the administration of Governor Smith he was appointed Brigade Surgeon on his staff. He was a member of the Baltimore and Maryland Clubs, and of the Bachelor and Junior Cotillon, having been a governor of the latter; member of the Society of Cincinnati.

Dr. Trimble was a man of an exceedingly pleasant address, of a social and loving disposition, and as a result he made hosts of friends. Those who knew him best loved him most. He was a man who made no enemies. Always honest, upright and straightforward, he inspired confidence in his patients, and they trusted him implicitly. He was a hard, fearless and conscientious worker, never sparing himself nor giving any thought to his own comfort or enjoyment if the good of others could be furthered by his devotion to their cause. He had a large and influential surgical practice, and his labors among those employed in the railways brought joy and happiness to many a heart and home. He was interested in all that concerned this Faculty, and he gave to it what time and energy he was able to spare from his daily work.

He died of blood poisoning as the result of an operation for the removal of a diseased kidney, on February 24, 1908, at the age of 48 years.

It is with feelings of profound sorrow and deep regret that the Medical and Chirurgical Faculty of Maryland is called upon to record the death of Isaac Ridgeway Trimble, M.D. He was an honored and valued member of this Faculty, always concerned about her welfare and exerting his influence for the promotion and advancement of her best interests. His duties prevented him from giving that time and attention to her affairs that he would have liked, but he was never appealed to for counsel or advice that he did not make a ready and willing response.

He was a man of an unusually kind spirit, always cheerful and affable and of a keen and ready wit. Times of special stress and danger, which try men most severely and under which so many fail, seemed to act as a stimulus to him, and probably some of his most creditable work was done under emergency conditions. He was a hard and laborious worker, considering neither the time nor his strength if an important surgical operation was to be performed or he was called to a distance to assist someone in

distress. His interest in all that related to his profession was very keen. It was this that gave him such a foremost place in the medical work of this city. He was a devoted, loyal and faithful friend, and as a son, husband and father he had few equals. He was one of the most popular men, counting his friends not only in the medical profession, but in all walks of life.

He, by the sheer force of his energy and peculiar abilities, advanced himself to the foremost place in the special line of surgical work he chose, and the corporations that he served so faithfully and so well have only the highest praise for him and his self-denying work among them. He treated his patients fairly and honestly. They felt when seeking advice from him that their interests were considered as paramount to all else. He was kind to his students, always willing to give them the best counsel he could.

He was a noble, honest, self-sacrificing man and physician, and this State, City and all who had the honor of his acquaintance or friendship have met with a great loss.

This Faculty extends to the family of Dr. Trimble its sincere sympathy in this their time of sorrow and bereavement, and directs that a copy of the above be recorded upon its Minutes.

WILLIAM H. WAGNER, M.D.,

was born in Woodsboro, Md., August 7, 1830. His literary education was obtained at the public schools and completed at the College at Gettysburg, Pa., which College he entered at the age of 13 years. He studied for three years with Dr. J. Thomas Sim of Libertytown, after which he entered the Jefferson Medical College at Philadelphia and the Pennsylvania Medical College of Philadelphia. He graduated from the former institution and in 1853 opened an office at Double Pipe Creek, where he remained for three years, when he removed to Woodsboro, in which latter place he has been ever since.

He was at one time President of the Frederick County Medical Society, and at the time of his death was President of the Woodsboro Savings Bank.

He was found dead in bed at his home in Woodsboro, December 28, 1907. It was thought his death was due to cardiac paralysis. He was 77 years old.

It is with feelings of profound sorrow and deep regret that the Medical and Chirurgical Faculty of Maryland has learned of the death of William H. Wagner, M.D., and through its Committee desires to put on record its high regard for him as a man and physician. The Faculty can ill afford to lose such men from its ranks. A physician devoted as he was to his profession, of influence among his professional brethren, which they manifested by making him President of their Society, and a power in the community in which he lived, we honor him for all he was and has been. We extend to his family our sincere sympathy in their bereavement and direct that a note be made of this upon our Minutes.

THOMAS G. WHITEFORD, M.D.,

was born in ———. His literary education was obtained ——— and his medical education at the Baltimore Medical College, where he graduated

in 1904. He was a practitioner of medicine at Parkville, Md.

He died in Baltimore one week after an operation for appendicitis, September 8, 1907, at the age of 23 years.

The Medical and Chirurgical Faculty of Maryland having learned of the death of its fellow-member, Thomas G. Whiteford, M.D., desires to express to his family the deep sorrow and regret they feel at his untimely loss. Taken off in his early manhood, the Faculty mourns the loss of its young fellow-member, who, it is believed, would have wielded great influences for good in the locality in which he had cast his lot

COMMITTEE FOR FUND FOR RELIEF OF WIDOWS AND ORPHANS OF DECEASED MEMBERS.

To the Medical and Chirurgical Faculty of Maryland:

We have the honor to present our Annual Report of the condition of the "Fund for the relief of widows and orphans of deceased members" instituted by you:

Amount in hand at last report, Apr. 23, 1907.....	\$963.35
Amount in hand at last report, Apr. 28, 1908.....	1000.00

Showing an increase of.....	\$36.65
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This increase has been derived from the following sources:

Subscriptions (Dr. Fannie Hoopes, \$5.00; Anon., \$2.73) ..	\$7.73
Premium on 1 \$500.00 University of Maryland bond at	
5% ($\frac{1}{2}$ year due Nov. 1, 1907).....	12.50
Interest on amount in Commonwealth Savings Bank...	16.42

At present the Fund consists of	
1 \$500.00 Univ. of Maryland 5% int. bearing bond....	\$500.00
Cash in Commonwealth Savings Bank.....	500.00

The committee would point out the advisability of investing the cash in a good interest-bearing bond.

There have been no calls upon the committee for aid. We again commend to the members this excellent charity, the only Doctors' Charity in Maryland.

We respectfully ask the adoption of the enclosed resolution.

EUGENE F. CORDELL, M.D., Chairman,
for Committee.

Resolved, That the sum of \$100.00 be appropriated to the "Fund for the Relief of Widows and Orphans of Deceased Members."

COMMITTEE TO CONFER WITH LAY PRESS.

Mr. President:

When this committee was organized two years ago it was hoped that it might be instrumental in gradually bringing about a closer and better relationship between the public press and the medical profession as represented by the Medical and Chirurgical Faculty.

It was felt that the Faculty as such, rather than the individual

doctor, should be consulted and reported on matters of medical moment; and that, in general, emphasis and importance should be given to the voice of the profession, speaking through its organization.

We believed that the more or less frequent appearance in print of unrepresentative interviews should be discouraged, and that effort should be made toward eliminating, as far as possible, all garbled, erroneous and unnecessary reports in the newspapers.

It was supposed that the city editors of the daily papers, who had so often through their staff encountered reticence or unwillingness to grant interviews on the part of, perhaps, the best members of our calling, would welcome an arrangement whereby, on any given occasion, authoritative statement could be secured from members of the Faculty, designated by the committee, by reason of their fitness to discuss any particular subject of interest to the public.

To this particular endeavor, of making use of the committee as a steerer toward interview, our efforts have been practically confined, and it cannot be said that much success has resulted.

There are, perhaps, a number of reasons for this. In the first place, it appears that a so-called press committee, of whatever organization or occasion, is not of itself regarded with much favor by the editors. Such committees, they say, are often censorious, critical, rather than helpful, and may, in effect, be usurpers of the editorial function.

Our own committee was new and untried, its members for the most part unknown to the editors, and it was too much to expect any considerable usefulness until a friendly intercourse had been established. The question of time is also to be considered; the reporter, hurried from the editor's desk, must supply his copy promptly, and however well managed, an arranged interview through a third party might be impracticable.

At any rate, while we have been told that the idea was good and that the committee would prove useful, there has been an entire absence of enthusiasm among the editors, and a suggestion of favor given rather than received in its consideration.

On the other hand, our endorsement of the already established custom of interviewing the officers of the Health Department and of the State Board of Health has been everywhere warmly received. The health officers are regarded as the logical distributors of medical news. They are available, and being, by reason of their public position, in daily contact with representatives of the press, they have learned to talk freely, if there is anything to say, and through them the press is supplied with many of its medical items.

This service, so far as it goes, is considered satisfactory.

It is far otherwise with the average individual doctor, who, as a supplier of copy, is not much more popular with the news reporter than the reporter is with the doctor.

On one point all newspaper men agree, that except for very

good reasons the doctor sought out by the reporter for information on some particular case should give him what he wants. It is represented that the difficulties in giving proper expression on matters so technical as medicine are always very great. The reporter, failing in securing information at first hand, will seek it elsewhere, and under such circumstances the responsible doctor has little cause for complaint if the item as published is faulty or misleading.

If newspaper men could only see as from our point of view that sensational report, of surgical procedure for example, is not only unnecessary and unwise, but offensive as well, serving no good purpose in its promulgation, we might, as individuals, be less frightened and less reticent in giving fair report on matters of some real interest to the public.

All the city editors want the committee maintained. They consider that, apart from the matter of directing interview, various avenues of mutual helpfulness may be developed. Indeed, the conditions of our relationship have in some measure improved and are improving.

The sort of spirit that has inspired the medical profession in the last few years, and especially in the last two years, toward activity along educational lines in instructing the people on matters of public health has directed the favorable attention of the editors to our society.

Our present president has been specifically commended for his fair-minded attitude toward newspaper men, and so, too, with some of the officers. One member, a chairman of a committee, made an exceedingly good impression in supplying his copy and in reading and revising his proof.

Anything which brings the doctor and his organization before the public finds quick recognition from the press.

In our open fights against disease and for pure food and drink, and drugs; in the series of public lectures delivered during the year, and particularly for such part as we have taken in the sociological discussions just now receiving general attention, we have been adequately supported and acknowledged.

The press is and must remain the chief instrument in the instruction of the people, and we are fortunate in our community that our newspapers are so splendidly active and on the right side in all that pertains to the betterment of public health.

For ourselves, we cannot at once expect ideal conditions or presume that managing editors and owners of great newspapers will take very seriously any suggestion of method that would involve change in policy. The newspaper owners are going to run their papers in their own way.

Nevertheless, how interesting would be the experiment and how wide the opportunity if a representative journal were to put into the hands of some capable medical editor everything bearing on public health, every medical question! His authority should extend to the advertising columns as well, and with all questionable

and harmful announcement barred, an inspiring instruction might be given the people.

But for that which we bring to the papers we are offered much as it is; in space for any news item or article of interest, and even the editorial columns for medical discussions of sufficient importance.

Speaking for the committee, while the achieved results are doubtless discouraging, there is promise of a greater usefulness, and along the lines now established.

We assume that it is no part of the function of this committee to convey to the newspapers copy from the Faculty, but rather that each committee and officer had better present his own material intended for publication.

Just how far such a committee could or should interfere with the published utterances of our own members is a question not easy to determine.

A recent suggestion from one of the most prominent of the city editors should be accepted, we believe, by the press committee, and serve for the present as their working scheme.

Newspapers, because of their organization, are compelled to collect news in their own way. If items on medical topics appear inadequately reported or misleading or wrong or indicative of individual exploitation, the press committee should write to the city editor of the paper concerned, explaining the fault, and, if possible, indicating a remedy.

We should avail ourselves of this invitation, and in this way, as directly as may be and without friction, we can make, perhaps, gradual impression, tending ultimately, we believe, to genuine reform.

R. B. WARFIELD, *Chairman*.

COMMITTEE ON PUBLIC INSTRUCTION.

Gentlemen:

Your committee on "Public Education" begs leave to report as follows: After looking into what had been done in other places, especially in Boston, where the Harvard Medical School had given a series of public lectures on medical subjects with great success during the winter of 1906-07, we decided to start two lines of work, namely, large public lectures at McCoy Hall on medical subjects of general interest, and a series of small talks to such clubs and organizations as might desire to hear them.

In view of the fact that the experience at Boston had shown that the lectures were better attended on Sunday afternoons than any other time, we asked for permission to use McCoy Hall on that day during February and March, but unfortunately we were unable to get that time, and had to be satisfied with the Saturday nights of those two months.

The following circular letter that was sent out during the first week in January states clearly the work we attempted:

MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND.

847 N. Eutaw Street.

Baltimore, January 8, 1908.

Dear Sir:—

The medical profession of Maryland, through its organization, The Medical and Chirurgical Faculty, appointed at its last meeting a committee on "Public Education," whose duty was to arrange for a series of free public lectures on such medical subjects as would interest the average citizen and show him by what means certain diseases might be prevented.

This committee has arranged for the following lectures to be given at McCoy Hall, Johns Hopkins University, on Saturday evenings of February and March at 8.30 P. M., with the exception of February 22:

<i>Title.</i>	<i>Speaker.</i>	<i>Date.</i>
Ideals of health in town and country; how to reach and maintain them.	Dr. Chas. O'Donovan.	Feb. 1, 1908.
Eyesight and school life.	Dr. Hiram Woods.	Feb. 8, "
Tuberculosis.	Dr. Wm. S. Thayer.	Feb. 15, "
Modern school life and its effect upon health.	Dr. H. Warren Buckler.	Feb. 29, "
Preventive medicine.	Dr. Wm. H. Welch.	Mar. 7, "
Milk in its relation to disease.	Dr. John Ruhrah.	Mar. 14, "
What the city does in the prevention of disease.	Dr. C. Hampson Jones.	Mar. 21, "
Public water supplies.	Dr. Marshall L. Price.	Mar. 28, "

In addition to the above, this committee has arranged with certain physicians to give free lectures on the following subjects to such clubs, organizations and gatherings as might desire to hear them at their own club rooms:

CLUB LECTURES.

The care of the infant.
The care of the child.
Hygiene of the home.
The care of the mother during pregnancy and labor.

If you should know of any organization connected with the work in which you are interested which might desire to hear one or more of these lectures, we would esteem it a favor if you would bring this letter to their attention, and we will supply them with a lecturer on such subjects any nights they might select, provided that they notify our Chairman at least three weeks in advance.

We ask your earnest co-operation in this work, which is capable of doing much good and preventing unnecessary suffering.

Sincerely,

GORDON WILSON, Chairman.

COMMITTEE:

GORDON WILSON, Chairman,
H. WARREN BUCKLER,
JOHN RUHRAH, EX-OFFICIO.

J. WILLIAMS LORD, FLORA POLLACK,
FRANKLIN B. SMITH, CHARLES O'DONOVAN,
EX-OFFICIO.

This letter was sent to the pastors of all the churches of Baltimore, all public and private schools, all the labor unions, the different charity and settlement organizations and to the medical schools with the request that it be posted on their bulletin boards and attention called to it.

The public lectures at McCoy Hall were advertised in the daily press and the Faculty Bulletin, and in addition the co-operation of the newspapers was obtained in giving us reading notices in the form of abstracts of the lectures.

The lectures at McCoy Hall were very well attended, especially so for an evening lecture, and the fact that no "special" advertising was resorted to, such as sending out cards.

Although the idea of lectures to small clubs was a new one, the circular letters were sent out somewhat late, and the variety of subjects was limited, yet, in spite of the above, there were given thirteen lectures to audiences varying from thirty to about two hundred in number. These lectures were essentially practical and were delivered to those who were most in need of them, and your committee believes that by this means much unnecessary suffering and sickness will be prevented.

We have spent in this work one hundred and nineteen dollars and thirteen cents, in payment of rent for McCoy Hall, advertising in the daily press and for stamped envelopes for the circular letters.

Your committee believes that the results obtained in this, the first year of this work, amply justify the time and money expended, and recommend that the work be continued, but upon broader lines and for a longer time. We would recommend that three lines of work be carried out. *First:* A longer course of major lectures at McCoy Hall, given, if possible, on Sunday afternoons rather than Saturday nights. *Second:* That the "talks" to small clubs be continued along the same lines, but that a larger list of subjects be submitted to them for their choice. *Third:* That the committee should arrange with the county societies to furnish them with lecturers, so that the benefits of this work might be extended not only to Baltimore, but to the State at large.

In closing this report your committee desires to thank for their willing co-operation not only those physicians who gave the major lectures at McCoy Hall, but also the many who volunteered and gave lectures, frequently at short notice, to the small clubs. To Miss Noyes, and her assistants, we are much indebted, especially for the labor incidental to mimeographing and sending out of the circular letters.

GORDON WILSON, *Chairman.*

COMMITTEE ON MEDICAL EDUCATION.

Mr. President:

On behalf of the "Committee on Medical Education" I beg leave to report that the main business brought before the Committee

during the year was the consideration of a proposition submitted by the Council on Medical Education of the American Medical Association. This active and useful organization is making an earnest effort to raise and unify the standards of medical education in this country. As a first step in this direction they are endeavoring to influence the better medical schools to require that on and after January 1, 1910, their candidates for matriculation shall submit evidence of the completion of a four years' high school course and in addition a year's work devoted to physics, chemistry and biology, together with instruction in one modern language, preferably German. This additional year is to be taken in a college of liberal arts or in a medical school. The Council submitted to your Committee a request that they should urge the adoption of this new standard upon the medical schools of Baltimore, and that they should endeavor to secure an amendment to the Medical Practice Act of such a character as to make this additional preliminary year obligatory on all applicants for a license to practice after the year 1914. After due consideration of this request the Committee felt obliged to reply that in their opinion the conditions at present are such that the schools concerned in Baltimore, namely, the University of Maryland, the College of Physicians and Surgeons and the Baltimore Medical College, would not be able to enforce such a regulation by the time stated, namely, 1910.

Under these circumstances, therefore, it did not seem advisable to take any steps at present to procure an amendment to the Medical Practice Act of the character suggested by the Council. Your Committee hopes to give the matter further consideration during the coming year.

W. H. HOWELL, *Chairman*.



JAMES POSLEY, M.D.,
Commissioner

C. HAMPSON JONES, M.D.,
Asst. Commissioner.

THOS. L. RICHARDSON, M.D.
Asst. Commissioner
Quarantine.

J. W. M. KIGER, Secretary.

Bacteriological Laboratory:
WM. ROYAL STOKES, M.D., Director.

Chemical Laboratory:
W. E. HOFFMAN, JR., Ph.D., Director

This Department is Under the Direction of the Commissioner of Health

THE TYPHOID PROBLEM IN BALTIMORE.

IN discussing a problem in which a number of causes may produce a single effect it is difficult to decide just how often each cause may act. A great advance, however, has been made when the various causes are known, and this can now be considered as true in regard to the causation of typhoid fever.

This disease is often caused by drinking water, and it will only be necessary in this place to mention a few examples of this fact as observed in large cities.

The experience of Lawrence, Mass., in reducing the typhoid mortality by means of water purification is the best example of its kind in this country. Lawrence used to obtain its drinking water from raw river water, which received much of the sewage of the city of Lowell. It had a very large typhoid rate for this reason, but in 1893 it installed a slow sand filter. By this method of filtering the Merrimac river water it reduced its typhoid rates nearly 90 per cent., and much of the typhoid fever which remained was due to infected wells or other causes.

It is difficult to say just how much typhoid fever comes from the present water supply, but material from privies must often find its way into the surface rivers passing through our thickly populated rural district.

The city government is at present engaged in an attempt to avoid all these sources of pollution by building a large reservoir which will hold 20,000,000,000 gallons of water. This water will be collected from the watershed above Loch Raven, and the entire surrounding watershed will be purchased by the city. This will be reforested and inspected in such a way that serious pollution will be well-nigh impossible.

The engineering difficulties of this plan are not difficult, but in order to build the dam the loan must be ratified by popular vote. For the present it thus becomes a political problem, and the profession can aid in a great piece of preventive medicine by constantly urging their patients and friends to vote for the loans.

There can be no doubt that the water supply will be purified in this way,

and a corresponding drop in the morbidity and fatality from typhoid fever can also be expected. In the meantime the public should heed the warning of Dr. Bosley and boil the drinking water.

There is also such a thing as vacation typhoid from polluted water. There is no excuse for such a condition, however, as the State Board of Health will examine any public supply upon request of the local health officer of the district or county. The public should demand a certificate from this Board before visiting summer resorts, and by so doing they will often avoid turning a summer vacation into a funeral.

A certain number of cases of typhoid fever are caused by milk, and these cases are usually observed as an explosive epidemic affecting an unusual number of young persons. This is probably due to the fact that typhoid bacilli will develop rapidly in milk, and the milkman often serves a pure culture of the bacillus to his unsuspecting customers.

Milk epidemics are now recorded from many large cities, and Rosenau of the Marine Hospital Service has collected records of 179 epidemics caused by milk. In these milk epidemics a large number of cases are traced to the milk route of one man, and it is usually found that one or more cases of typhoid fever on the dairy farm have infected the milk with typhoid bacilli. This is either caused by infected water or by persons often with walking typhoid fever introducing the bacilli into the milk by means of infected and soiled hands.

In order to detect the very beginning of typhoid epidemics caused by milk the Sub-department of Health uses the following card:

.....Street.	No.....
TYPHOID FEVER.	
Health Warden, .....Ward, Reports as Follows:	
No. of Cases.....	Age.....
Male.....	Female.....
White.....	Colored.....
Has patient been out of the city during the three weeks previous to calling in physician?.....	
Blood specimen examined.....	
Widal reaction.....	
Milk supply.....	
Is the patient a milk drinker?.....	
Is milk taken away from home?.....	
Water supply.....	
Name of Patient.....	
.....Health Warden.	

When there are more cases than one in the same family or in the same house a card must be filled out for each case.

The health wardens call at every house from which a case of typhoid fever has been reported and secure the data required by the card. These cases are plotted out on a map of the city, and if there are a relatively large

number of typhoid cases on a certain milkman's route the conditions surrounding the dairy are ascertained.

In several cases the department has detected milk infection at the very beginning and prevented the continuation of conditions which would spread typhoid fever to a large number of people.

It is very important for physicians to aid in this work by reporting all cases of typhoid fever, for if cases are not reported it is impossible to secure proper data for the detection of typhoid fever due to milk.

As additional safeguard against typhoid fever from milk it is better to heat the milk at 60° C. for 20 minutes. This can be done at home or by the dairyman. Several of the larger dairies have special pasteurizing plants, and when the process is properly carried out pasteurization is a safeguard against milk-borne typhoid fever.

Schüder collected 650 typhoid epidemics from literature, and of these 462 were caused by water, 110 by milk and 78 by other means. It can be seen by these statistics that the vast majority of typhoid cases are caused by water or milk.

There are several other causes for this disease to be considered in Baltimore, and among these the 90,000 cesspits should be considered. Flies coming from these places can easily contaminate food, and as the kitchen is usually nearest to these receptacles the contamination of food with typhoid excreta from the soiled wings and legs of the flies is easily accomplished.

One protection against this danger is the use of screens for windows and doors, but when the sewerage system for Baltimore is completed this danger will be removed.

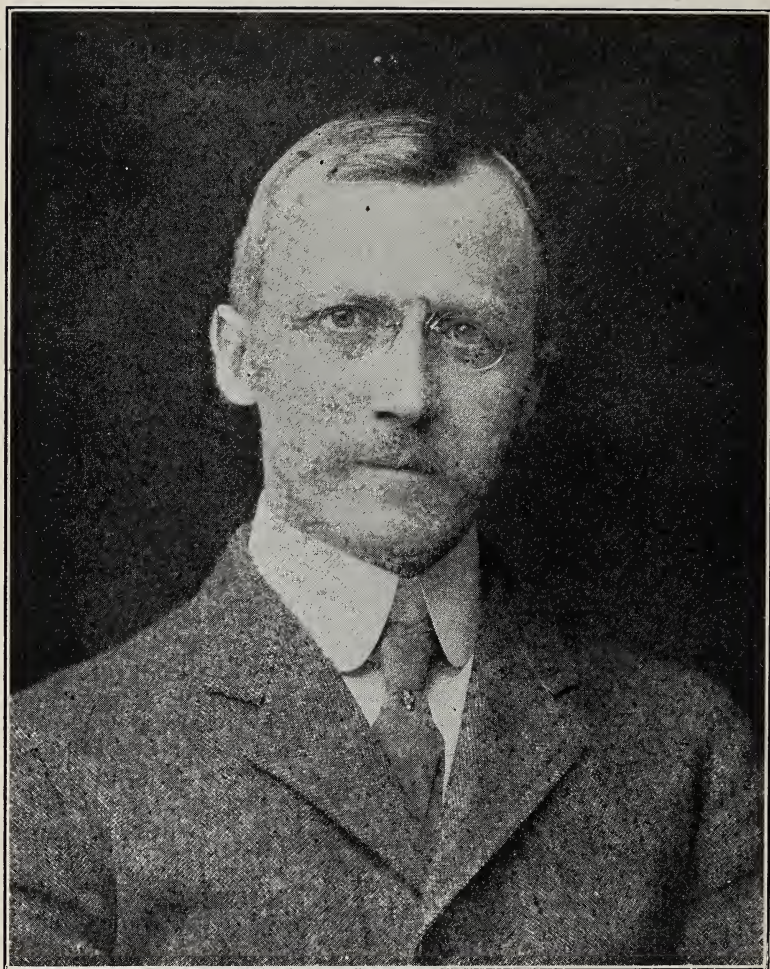
Another possible cause of typhoid fever in our city is the filthy practice of using the contents of the privy vaults for fertilizing purposes. This material is often spread over the vegetables that are eaten raw even after they appear above the ground. Such vegetables have been examined in the laboratory and found to contain intestinal bacilli, showing how typhoid bacilli may survive on these vegetables until they are served and eaten from many of the tables in Baltimore. The sewerage system will gradually do away with this method, but in the meantime the city and county authorities should unite in preventing this method of disposal.

Raw clams and oysters may give rise to typhoid infection, especially when these bivalves are placed near running sewage. The majority of oysters which come to Baltimore, especially Chesapeake bay oysters, are not exposed to sewage contamination, but the Health Department has found intestinal bacilli at times in oysters which were obtained from other sources, and it will be their endeavor to prevent the use of such contaminated oysters.

The general practitioner can also prevent the spread of typhoid fever by causing the disinfection of the urine and feces by an equal amount of a 5 per cent. solution of carbolic acid. They should also warn the household of the dangers of contact infection and thus diminish the number of cases.

Typhoid fever is certainly a preventable disease, and if proper measures are carried out it should gradually disappear from civilized communities.

WM. ROYAL STOKES,
Bacteriologist.



DR. T. CASPAR GILCHRIST

Clinical Professor of Dermatology, Johns Hopkins University; University of Maryland. Elected President of the American Dermatological Association at the Thirty-second Annual Meeting

BALTIMORE MEETING OF THE A. D. A.

THE American Dermatological Association includes in its membership all of the prominent dermatologists in the United States and Canada. It ranks as about the third oldest body of specialists in any branch of medicine in the country, and is now in its thirty-second year. The standard of admittance has always been very high, membership being only possible by invitation. The requirements for admission are that the prospective member shall have practiced as a pure dermatologist for five years; that he shall have published some research work in dermatology, and that his standing and personality as a specialist shall be up to the requirements. The rules of the society demand the regular attendance of its members at the annual meetings, and that members shall present papers at least once in three years before the society. A subject for general discussion is usually chosen by the president of the society, and two members are appointed to open the discussion at the annual meeting. The general topic for discussion at the last meeting, held in Annapolis and Baltimore in September, was "The Results of Modern Dermatological Pathology Upon Practical Therapeutics."

Annual meetings of the society are preferably held in large cities, because the exhibition of rare cases of skin diseases is such an important feature of the gathering. Statistical tables are published yearly showing the frequency of skin diseases in this country.

It is 21 years since the society met in Baltimore, when they were entertained very hospitably by Dr. and Mrs. Robert B. Morison. The late Dr. Morison was an honored member of the association, and was its president in 1893-4.

The late Dr. I. E. Atkinson was one of the first members of the association, and was its president in 1887-8.

In his later years Dr. Atkinson devoted most of his time to general medicine, and resigned from the society. Both Drs. Morison and Atkinson were keen and active workers in dermatology, and wrote many valuable articles on this subject.

Thirty cases of rare skin diseases were shown before the association at the Johns Hopkins Hospital, and many of the cases gave rise to much discussion as to etiology and treatment, and some as to diagnosis. The following was the list of cases:

Exhibited by Dr. Gilchrist—Two cases of dermatitis herpetiformis, both in men; case of pemphigus foliaceus in a man; pityriasis rubra pilaris, two cases in women; xeroderma pigmentosum in a child; unilateral erythema multiforme in a man; tinea unguium in a man; acne necrotica frontalis in a woman; lymphangioma circumscriptum in a boy; three cases of nevus unius lateris, one in a man and two in women; lupus erythematosus in the mouth of a woman; erythema hemorrhagicum on the leg of a man; folliculitis decalvans on the scalp of a man; tertiary syphilis of the scalp of a man; a remarkable case of ichthyosis vulgaris in a man; pityriasis rosea in a negro; tertiary lues in a boy; tinea versicolor annularis in a man; lupus vulgaris on the cheek of a man; lupus vulgaris, extensive on face of a woman cured by curetting and silver nitrate application; case of keratosis pilaris in groups; case of acute psoriasis, extensively distributed, in a woman.

Other Exhibits—Three cases of nevus vasculosus hereditarius, shown by Dr. Haines; one case of hydroa puerorum in a child, shown by Dr. E. R. Strobel; and a case of dermatitis venenata, also shown by Dr. Strobel; case of toxic erythema bullosa, shown by Dr. J. Abercrombie; case of acnitis, shown by Dr. Schamberg (of Philadelphia).

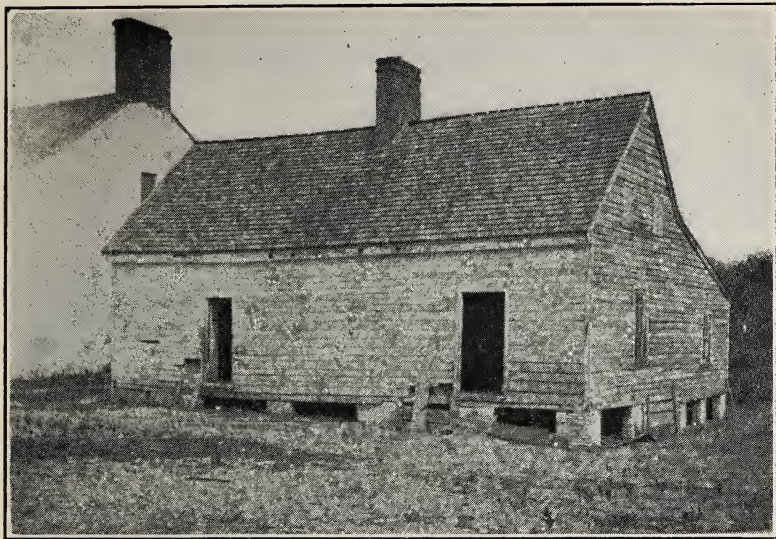
For State Care of the Insane

Resolved, That the County Commissioners of Somerset county heartily endorse the Act of the Legislature in committing the State of Maryland from and after the first day of January, 1911, with the "mainterrance, care, control and treatment of all dependent insane persons who are at that time residents of the State of Maryland, and as soon as practicable after the said first day of January, 1911, the State Board of Lunacy shall transfer from the several county almshouses and county and city asylums for the insane to one of the State hospitals for the insane such dependent insane persons who are residents of the State of Maryland as in the judgment of the said Board of Lunacy should be removed; and all such dependent insane persons, after their removal to one of the State hospitals for the insane, shall be maintained therein at the expense of the State. In furtherance of the purposes of this Act a commission shall be appointed by the Governor, of which he shall be a member ex-officio, consisting of the Lunacy Commission, who shall report to the Legislature on or before the 15th day of January, 1910, such amendments to the present law regulating the care and treatment of the insane and such other measures, including plans for the enlargement of the present State hospitals or the erection of other State hospitals, as may, to such commission, seem necessary." And be it further

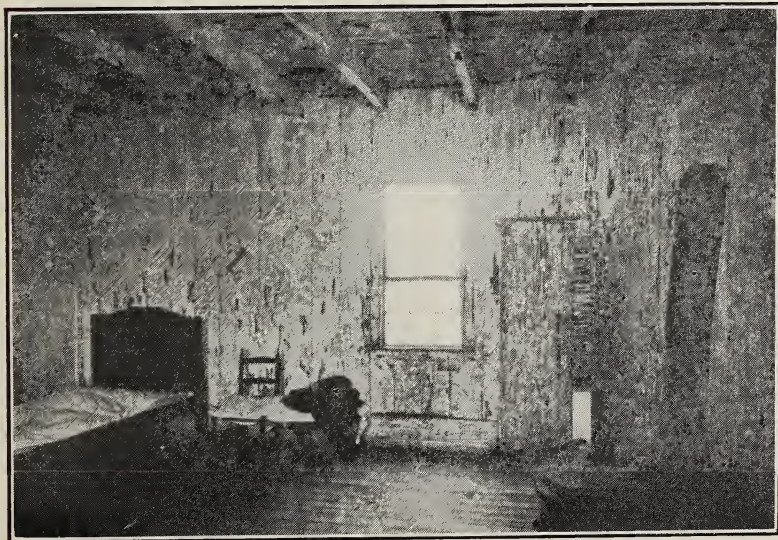
Resolved, That a copy of this resolution be spread upon the minutes of this Board, and also a copy of said resolution be printed in at least two of the county papers and be sent to each member of the Legislature from Somerset county.

Signed by the Commissioners of Somerset county.

County Almshouse on the Eastern Shore of Maryland



VIEW OF EXTERIOR OF BUILDING FOR NEGROES. MEN AND WOMEN IN THE SAME BUILDING.



INTERIOR OF BUILDING FOR NEGROES. THREE MEN SLEEP IN THIS ROOM AND ONE WOMAN IN THE ADJOINING ROOM.

NOTES AND OBSERVATIONS

The physicians interested in the care and treatment of the insane expect to organize a society which will include among its members all of the officers of the State, corporate and private institutions for the insane and feeble-minded as well as other members of the profession who are interested in the subject of psychiatry. As honorary members it is hoped to have laymen prominent in political, legal and religious fields.

The principal aim of this society will be to stimulate interest in the subject of psychiatry by discussing practical questions relating to the welfare of the insane in the State, and especially to stimulate and foster interest in bringing about State care of the insane in 1910. From the present outlook the indications are that the society will start with a large membership and that the meetings will be of interest, not only to the medical profession, but to the members of the laity who are interested in sociological problems. Announcements concerning the society and its proceedings will appear at stated intervals in the MARYLAND MEDICAL JOURNAL.

The investigation which Dr. Pleasants, the president of the Supervisors of City Charities, instigated at Bay View Asylum is to be entirely commended. The Board of Estimates should not hesitate to make a yearly appropriation of at least \$150,000 to remedy the glaring defects which exist at this institution. The Baltimore City Jail and the Maryland Penitentiary are model institutions. The criminals of the State and city are far better cared for than the city's mentally afflicted or its indigent sick.

The members constituting the Board of Supervisors of City Charities are of exceptional ability and are working only for the welfare of the city. The time and energy which they have spent in investigating the conditions at Bay View and in formulating extensive plans whereby these conditions can be ameliorated should be appreciated, and if possible the Board of Estimates should make a special effort to allow the appropriation which is necessary to carry out the plans suggested by the Board.

Book Reviews.

A MANUAL OF BACTERIOLOGY. By Herbert W. Williams, M.D., Professor of Pathology and Bacteriology, University of Buffalo. Revised by B. Meade Bolton, M.D., Washington, D. C. Fifth edition, with 113 illustrations. Published by P. Blakiston's Son & Co., Philadelphia, Pa.

This book, which is primarily designed for medical students, will serve a useful purpose in this respect, since the important facts concerning this subject are stated in a condensed form, while doubtful matter and unnecessary and complex theories are omitted.

The first seven chapters are devoted to the microscopic examination of bacteria, sterilization, the manufacture of culture media, the various methods

of cultivating and isolating bacteria, the inoculation and study of infected animals, and the collection of bacteriological material.

The latest and most approved methods are described in these chapters, and they form a satisfactory guide for routine work in the bacteriological laboratory.

After this preliminary description of technique, a number of chapters are devoted to the general morphology and physiology of bacteria, and their distribution in nature, and on or in the body. The important pathogenic bacteria in soil, such as the tetanus bacillus, and the tubercle bacillus in air and the typhoid in water are mentioned, and the presence of many disease-producing organisms on the skin and mucous membranes is also noted. The modes of introduction of these organisms are likewise described, such as the admission of tubercle bacilli through the tonsils, or typhoid bacilli through the intestinal Peyer's patches.

The various kinds of infection, the bacterial poisons, and the important facts concerning immunity are thoroughly set forth, and a description of the disinfection, sterilization, and surgical antiseptics concludes this portion of the book.

The latter half of the book begins with the non-pathogenic bacteria, and then concludes with a detailed description of pathogenic bacteria. The various microscopic and cultural tests are mentioned which enable the student to recognize such bacteria as the pus-producing micrococci, the diphtheria, tubercle and typhoid bacillus, and many other important forms, such as the actinomycetes and the pertussis bacillus and the pathogenic spirilla.

An important innovation is the introduction of a special chapter on such pathogenic protozoa as the malarial parasite, the trypanosomes, the piroplasma of Texan fever, the spirochaeta of syphilis and the problematic organisms of smallpox and scarlet fever.

The book is a well epitomized course in bacteriology, and can be used by students of this subject with advantage.

MANUAL OF THE DISEASES OF THE EYE FOR STUDENTS AND GENERAL PRACTITIONERS. By Charles H. May, M.D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department Columbia University, New York, 1890-1903; Ophthalmic Surgeon to the City Hospitals, Randall's Island, New York; Consulting Ophthalmologist to the French Hospital, to the Gouveneur Hospital, and to the Red Cross Hospital, New York; Adjunct Ophthalmic Surgeon to Mount Sinai Hospital, New York, etc. With 362 original illustrations, including 22 plates, with 62 colored figures. William Wood & Co., New York. Price \$2.

The fact that there is sufficient demand for this manual to call so soon for a fifth edition is proof in itself of the favor with which the work is regarded by the medical profession. It is intended for students and general practitioners. As in former editions so in this, the main object of the book is to present in a concise form the essentials of ophthalmology, without going into the minutiae of specialism. The classification of diseases is good, and the subject matter presented with cleanness and order. We

consider it an excellent book for students and valuable in the hands of the general practitioner.

GYNECOLOGY AND ABDOMINAL SURGERY. Edited by Howard A. Kelly, M.D., and Charles P. Noble, M.D. Volume I. Illustrated. W. B. Saunders Co., Philadelphia. 1908. Price \$8.00.

This work is the first in which an attempt has been made to include the fields both of gynecology and of abdominal surgery, which are so intimately related to one another that there is no natural line of division between them. A section of 40 pages is devoted to medical gynecology in order that the general practitioner may find assembled in one place the information which he particularly requires. A very full consideration has been given likewise to the bacteriology of the diseases of women, which is, to a large extent, a recently-developed subject, and to the pathology, which receives a more complete discussion than in any treatise heretofore offered in the English language. A great many subjects which have heretofore been found only in monographs are incorporated into the present work. The history and the bibliography of the themes discussed receive careful attention. In questions upon which the profession is divided, representatives of both views offer their opinions. The illustrations of the book are particularly fine and apposite. Of the thirty-odd leading specialists and surgeons operating, 16 contribute to this first volume.

The subject of ovariectomy is discussed by the late Dr. Alexander J. C. Skene, his last and most mature contribution to gynecology. The chapter on vaginal hysterectomy likewise contains the latest thought of Dr. Fernand Henrothen on this important subject.

ADENOMYOMA OF THE UTERUS. By Thomas Stephen Cullen, Associate Professor of Gynecology in the Johns Hopkins University; Associate in Gynecology in the Johns Hopkins Hospital. Illustrated by Hammond Becker and August Horn. W. B. Saunders Co., Philadelphia. 1908. Price \$6.50.

This surgical edition de luxe (if we may so speak) presents the history of the subject as wrought out by Dr. Cullen at the Johns Hopkins Hospital during the past 14 years. In 1894 the author was puzzled to know how to classify a certain tumor removed in the operating room. Professor Welch, when consulted, said that the condition was a most unusual one, and demanded extensive study. Another similar tumor having been found a few months later, the whole of the material afforded by the hospital was inspected, and over 90 uterine adenomyomata of various kinds have been discovered since then. The research covered also the pathological treasures of Dr. Kelly's private sanitarium and the Church Home. In the pages before us the author clearly demonstrates that diffuse adenomyoma of the uterus has a fairly definite clinical history of its own, and that in the majority of cases it can be diagnosed with a relative degree of certainty.

No expense has been spared in making the volume worthy of its era-making theme in the gynecological field.

BALTIMORE CITY MEDICAL SOCIETY.

Program of Section Meetings for November, 1908.

SECTION ON CLINICAL MEDICINE AND SURGERY.

Friday, November 6, 8.30 P. M.

Importance of examination of the upper end of the esophagus.

Dr. R. H. Johnston.

Retrodisplaced Uteri; pathology and treatment.....Dr. W. B. Perry.

Diagnosis of acute chronic pancreatitis.....Dr. J. C. Bloodgood.

Demonstration of specimens.

SECTION ON OPHTHALMOLOGY AND OTOTOLOGY.

Thursday, November 12, 8 P. M.

Presbyterian Eye and Ear Hospital.

Presentation of cases by members of the staff.

SECTION ON NEUROLOGY AND PSYCHIATRY.

Friday, November 13, 8.30 P. M.

Hysterical defects of musical language.....Dr. N. Trigant Burrow.

Subjective sensations in the early stage of dementia præcox.

Dr. William B. Cornell.

Should hospital admission be denied the neurasthenic or psychasthenic?

Dr. N. M. Owensby.

SECTION ON CLINICAL MEDICINE AND SURGERY AND SECTION ON GYNÆCOLOGY AND OBSTETRICS.

Friday, November 20, 8.30 P. M.

Obstetric forceps, with special consideration of the indications for their use.

Dr. J. M. H. Rowland.

The pessary, with special reference to its limitations.....Dr. Emil Novak.

Exhibition of pathological specimens.

SECTION ON LARYNGOLOGY AND RHINOLOGY.

Friday, November 27, 8.30 P. M.

Experiences in the operative treatment of diseases of the nasal accessory sinuses.....Dr. T. C. Worthington.

Presentation of cases.....Dr. R. H. Johnston and Dr. J. R. Winslow.

MARYLAND MEDICAL JOURNAL

JOHN S. FULTON, M.D., *Editor*

Associate Editors:

THOMAS R. BROWN, M.D.

HUGH H. YOUNG, M.D.

JOSE L. HIRSH, M.D.

LEWELLYS F. BARKER, M.D.

HORACE M. SIMMONS, M.D., *Managing Editor.*

BALTIMORE, NOVEMBER, 1908

THE COMMISSION ON COUNTRY LIFE.

WE take great pleasure in presenting to our readers the earliest announcement of a national movement which has within it tremendous possibilities for the advancement of the general welfare of our people in every part of America. The plan was initiated some time ago by our energetic President, who appointed a commission to investigate the "conditions of country life," with especial reference to the health of country dwellers.

The underlying thought was that as national prosperity is based upon agricultural welfare, the progress of the nation is promoted by everything which furthers the health and sanitary weal of the country household. It is possible, too, that the continual replenishment of the cities by influx of the sons of country dwellers has excited special concern in the minds of far-seeing public men as to the health conditions of these teeming sources of urban population. It is doubtless true that the benefits of rural life are often, to a great extent, neutralized by the unwholesome conditions of life which prevail there.

The Commission gives the JOURNAL in the appended letter only a bare outline of their intentions. As the further development of these will depend largely on the co-operation of country practitioners, we bespeak an earnest interest on the part of all our readers.

We feel a justifiable pride in making announcement of this great movement—the first of its kind probably in the history of the world—inasmuch as its practical application begins in our own State of Maryland with the itinerary as outlined on the opposite page.

L. H. BAILEY, Chairman
HENRY WALLACE
K. L. BUTTERFIELD
GIFFORD PINCHOT
WALTER H. PAGE

NORVAL D. KEMP
Secretary to the Chairman

Commission on Country Life

WASHINGTON, D. C.

ITHACA, N. Y., October 31, 1908.

Editors Maryland Medical Journal:

Your letter of October 29th, addressed to Professor Bailey, chairman of the Commission on Country Life, is received. For Professor Bailey, who is at present away from town, permit me to say that this Commission is appointed, not for the purpose of investigating the farmer or technical agricultural questions, but to study the general social, sanitary and economic conditions of the open country. The Commission will not be able, in its brief existence, to make any thorough investigation into any of these questions, but it will be possible for it to arrive at a good estimate of rural conditions and to secure the opinions of the best men as to what needs to be done in respect to the larger questions of country life.

The Commission is especially anxious to secure the co-operation of those persons who are competent to give opinions in regard to the sanitary and dietetic conditions of the rural country. In this respect, your Journal could render the Commission great aid by suggesting how such opinions could be secured, and by itself securing them through correspondence with its subscribers. We should like to have these questions discussed also in the various medical societies. Possibly you can suggest the best way whereby discussions of this kind could be set in motion. Perhaps they could best be started in the medical journals themselves.

The Commission will be very glad to be put in the way of receiving such information as the medical journals may collect in regard to the sanitary and dietary conditions of the open country.

The Commission will soon begin to hold hearings in different parts of the country. We hope that practitioners who have had special touch with country conditions will be present at the hearings and give us the benefit of their opinions. We should also be glad if physicians and sanitarians would care to join the Commission on any part of its journey. We are hoping, for example, that Dr. Stiles will be with us in the southeastern country, through which the Commission will travel the week beginning November 9th, its first meeting being held at College Park, Md. From thence it will go to Richmond, Raleigh, Spartanburg, S. C., Athens, Ga., Knoxville and Lexington, Ky. Such persons will be able to give us special suggestions.

We shall be glad to receive any suggestions from the profession in regard to the general subjects on which the Commission is to make inquiries.

We thank you very much for your offer of co-operation with the Commission, because we feel the profession and its publications can be of very great assistance.

NORVAL D. KEMP,
Secretary to the Chairman.

STATE CARE OF THE INSANE.

THE proper care and treatment of the indigent insane is one of the most important questions before the profession of our State at this time, and from present indications it is quite likely to play a conspicuous part during the next session of the Legislature. The initiative steps taken by the late secretary of the State Lunacy Commission, Dr. George J. Preston, are evidently being persistently followed by the present Commission. Other States have solved the problem of State care; why not Maryland? If the deplorable conditions represented on another page of this JOURNAL exist in county asylums and almshouses, then it is the duty of the profession of Maryland to encourage the Lunacy Commission in its efforts to correct these abuses.

The policy of this JOURNAL has always been for advancement along medical lines. Surely there is no more worthy cause than that of alleviating and improving the condition of the helpless and mentally afflicted. Public sympathy, both professional and lay, is necessary to force the Legislature to the realization of the fact that they can no longer "play politics" with such an important matter, but that they must declare themselves one way or another. The act committing the State to the care of the insane, which passed the Legislature in 1904 and was to go into effect in 1909, has been postponed until 1911, and if the Lunacy Commission and the medical profession are not fully prepared to face this issue with determination to win and with the full assurance that they are supported by the intelligent laity, then the probabilities are that there will be another delay or possibly the bill will be repealed.

The conditions of the unfortunate insane outside of the State hospitals and private institutions are no better now than they were twenty years ago. The County Commissioners of asylums and almshouses have no idea of the importance of the modern methods in the treatment of insanity. As a matter of fact, it is hardly to be expected of them. It is only in a properly equipped institution that patients receive every necessary care and attention.

If the plans of the Lunacy Commission as outlined in a recent issue of this JOURNAL are carried out, there should result an awakening of the profession to the full realization of the importance of placing psychiatry in Maryland abreast of other States having State control of their indigent insane.

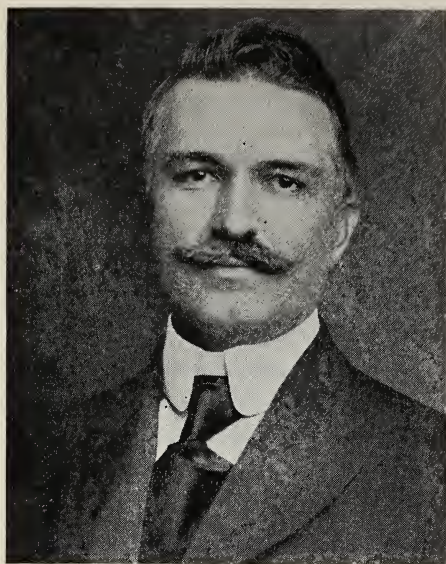
THE JOURNAL'S NEWEST DEPARTMENTS.

BALTIMORE CITY and the State of Maryland are admittedly fortunate in the administrative policies of their public-health affairs. Dr. Bosley of the municipal department and Dr. Price of the State Board are executives of notable efficiency, as demonstrated in the present development of their respective organizations. It is therefore the more gratifying to announce that a special section of the JOURNAL will be regularly devoted hereafter to the working interests of these two departments, to be under the sponsorship of the Commissioner of Health and the Secretary of the State Board of Health. The first contribution from the Sub-department of Health is elsewhere presented in this number of the JOURNAL; introductory matter under the auspices of the State Board will appear next month. Seasonal subjects and matters of practical and helpful interest to urban and rural practice will be treated from time to time, thus marking the progress of preventive medicine throughout the commonwealth and adding materially to the medical literature of the profession. The introduction of this valuable new feature in the JOURNAL's make-up marks another era in the distinguished service which the publication has heretofore willingly extended to the profession of Maryland, and pre-sages the introduction of other progressive measures of distinct value in fulfilling its function as the recognized medium of all the allied medical interests of the city and State.

THE MIDDLE WAY.

TO THE older members of the Faculty who remember the days when it was a democracy before centralization of power was scarcely thought of as is embodied in its modern organization, its firm, stable government at the present time is a matter of great satisfaction. The Faculty is strongly, wisely managed in its finances, and is pursuing a broad, up-to-date policy in other respects. It is attaining rapidly to that strength and influence which its leaders of olden time strove in vain to secure.

The MARYLAND MEDICAL JOURNAL, representing the whole State and all shades of opinion therein, will always stand for honest progress, and its pages will always be open to a defense of the right—to a serious, well-founded criticism of anything which is wrong in medical affairs.



WILLIAM P. SPRATLING, M.D.

Who Entered Upon His Work at the College of Physicians and Surgeons at the Opening of the Session as Successor to the Late Dr. Preston.

DANIEL COIT GILMAN.

THE news of the death of Daniel Coit Gilman, president emeritus of the Johns Hopkins University, suddenly, at his birthplace, Norwich, Conn., on October 13, has doubtless been received by many of our readers with the deepest feeling, though to say that we are shocked or greatly grieved at the closing of a well-rounded life, full of honor and of the highest service to mankind, seems to us to lack somewhat in sincerity. The writer was one of those who entered the university in its first year, and ever since has looked upon President Gilman as a wise advisor and a personal friend, to whom he could bring in a familiar way any of the problems of life which troubled him. In our earliest days we never thought of him as a great man, so simple, so unpretentious were his ways and so absolutely approachable was he at all times. With the passage of years and with the astonishing growth in world reputation for high work of the great institution which practically embodied the personality of its president, and as later we have seen him the chosen organizer of another unique and intensely modern agency for the promotion of scientific research,

the Carnegie Institute, we have come to look upon Dr. Gilman as perhaps the greatest citizen of Baltimore in his time. As physicians we owe to President Gilman a special tribute of gratitude in that under his care, to a large extent, both the Medical School of the Johns Hopkins and its Hospital began their course. Long before the opening of the Medical School the young men of Baltimore were enjoying the privileges of the preparatory medical course looking to the degree of B. A., which had been established by the wise forethought and care of Dr. Gilman. Its keynote was thoroughness, absolute truthfulness and a constant seeking after the highest ideals. Upon Dr. Gilman was laid the burden of co-ordinating all departments and smoothing all difficulties, a task by no means easy, with the men of intense enthusiasm whom he chose to conduct the departments. To him was due, also, in a large degree, the spirit of intense optimism which pervaded the whole university.

The organization of the hospital before the advent of Dr. Hurd was laid upon Dr. Gilman, and so eager was he for the beginning of its great work that when it was completed Dr. Gilman actually removed his residence to the hospital and lived there several months, bringing everything into smooth running order against the arrival of Dr. Hurd. In all the weightier matters since then concerning its conduct and the organization of its medical school Dr. Gilman has doubtless had a voice.

A true citizen, Dr. Gilman, upon his arrival in Baltimore, became a Marylander and threw the whole force of his personality in moments of leisure from his university work into the enterprises for the advancement of public welfare concerning which his advice and co-operation were enlisted. In the building of Baltimore into a great center of light and energy no citizen has done more to infuse a spirit of hopefulness and earnest progress into the hearts of its young men than Dr. Gilman. With all his diplomacy and activity, he was a man of deep religious reverence. When at one time a feeling prevailed that the university was becoming an irreligious institution, Dr. Gilman and one or two of his coworkers soon convinced the public of their error, so completely satisfying them concerning this matter that the objection has never since been brought forward by anyone acquainted with its methods and ideals.

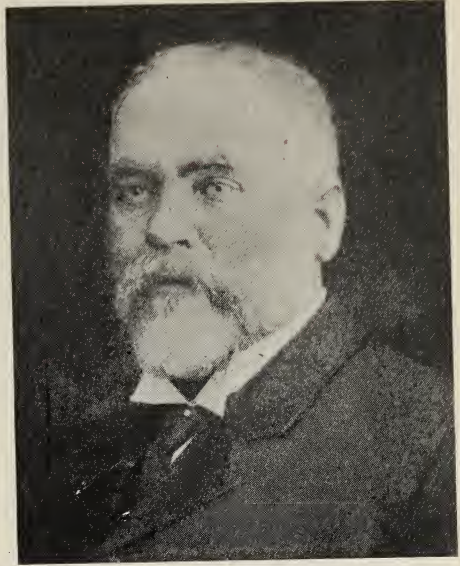
THE SATTERTHWAITE LECTURES.

WHAT debt of gratitude, if any, the medical graduate owes to his Alma Mater is a matter of dispute, the solution of which involves issues of the greatest educational importance in Maryland. One class of contestants maintains that the alumni of a medical school during life remain inestimably indebted to the institution which graduated them, should be ready to aid in her enterprises at a moment's notice, and to contribute of their income from time to time in order to strengthen her and broaden her sphere of work. The opposing class insists that the payment of the graduation fee closed their account permanently with Alma Mater, that the annual settlement of her bills for tuition freed them from all current monetary indebtedness to her, and that as she never did anything afterward for them, there is no reason why they should ever do anything afterward for her. From a strictly business point of view it cannot be denied that the latter is a very fair proposition, there being nothing particularly tender or parental in the relations which Alma Mater has been accustomed heretofore to maintain toward her children.

It is, perhaps, with a view to this feeling among her alumni that the University of Maryland, in a spirit of progress, has thrown open her clinical amphitheatre and invited physicians and students of medicine in the city at large to enjoy the special series of clinics, lectures and demonstrations on diseases of the heart, given daily at 1 o'clock from October 26 to 29, by a leading authority on this subject, Dr. Thomas E. Satterthwaite, professor of medicine in the New York Post Graduate Medical School.

The first lecture was devoted to the anatomical relations of the heart to the viscera, its physiological relations to the kidney, and the various means and instruments used for the study of the heart action; the second lecture to diseases of the heart muscle and their treatment; the third to diseases of the valves; the fourth to the Schott system of treatment as compared with the Oertel and Zander, with a discussion of resistance movements, of carbonated baths, of drugs, and of dietaries in chronic heart diseases.

The discussion of these subjects by such an eminent teacher could not fail to be of profit to every practitioner, and we trust that many accepted the hospitality of the University so kindly offered on this occasion.



IN HONOR OF DR. PRESTON.

A PRESENTATION of a portrait of the late Prof. George J. Preston to the College of Physicians and Surgeons by the faculty and students of the college was the occasion of a most interesting memorial meeting on October 14 in the college hall. The painting, by Meyer of the Engle Studio, is considered by many critics an exceptionally good one.

Eulogies on Dr. Preston were delivered by a number of speakers. Dr. Simon spoke of him as "a man and a friend," dwelling upon his impressive personality, his attractiveness in his home, and finally upon the poetical side of his nature, little known to his medical friends. Dr. Brush of the Sheppard and Enoch Pratt Hospital commented upon Dr. Preston's skill as a physician, especially when called into consultation concerning difficult nervous diseases. Dr. McCleary portrayed Dr. Preston as the teacher in his relations to his students at the college, by whom he was greatly beloved and admired.

Finally ex-Attorney-General Bryan spoke from a legal point of view concerning Dr. Preston's methods and manner on the witness-stand, which were almost ideal. His language clear, direct and simple, his bearing impressive and earnest, convincing every one of his intense loyalty to the right. The social side of Dr. Preston in general society and at the club, his quaintness of manner, his unfailing good-fellowship, his love of friendly discussion with the members, was also touched upon by Mr. Bryan in closing.

OUR SMOKE SHROUD.

IN Baltimore a movement has been on foot for some time to prevent the smoke nuisance, and a laudable effort has been made to limit the use of soft coal and the consequent pouring out of dense volumes of black smoke from factories and hotels. We cannot say that in our daily walks around, either at early dawn or at noontide, we have been impressed with the success of this benevolent effort.

An enterprise looking toward the same end which promises better success is the effort to remove freight engines from the heart of the city to the suburbs and to secure the use by passenger trains of electric propulsion within the city limits.

As embracing these desired changes, as well as giving to the city up-to-date railroad conveniences worthy of her new spirit of progress, the conferences now going on in behalf of a new union station cannot fail to enlist the interest of our readers. It is certainly remarkable that a railroad which desires to carry and handle its heavy freight traffic at a distance

from the city proper should be thwarted in its desire even when it offers as a bonus the erection of a fine new passenger station at the old convenient location. This is a second example of the remarkably unsatisfactory and really absurd relations which exist between the city and surrounding counties; the first being the difficulty, now happily solved, of finding a location for her infectious diseases hospital.

A great city has a right to grow—to grow freely and wholesomely. Ultimately, it is certain that special condemnatory privileges will be granted to us by the Legislature not heretofore considered necessary. Even before the removal of freight traffic to the counties is settled there must come up another problem involving the same legislative needs—the compulsory purchase by the city with consent of the State of a considerable portion of the watershed of the Gunpowder river, from which her larger supplies of water are to be drawn. We instance this simply to show that if we are to have a newer Baltimore she must insist on the new privileges which her growth and health demand.



SHOWING PROGRESS ON NEW MEDICAL LIBRARY BUILDING AT END OF SECOND MONTH

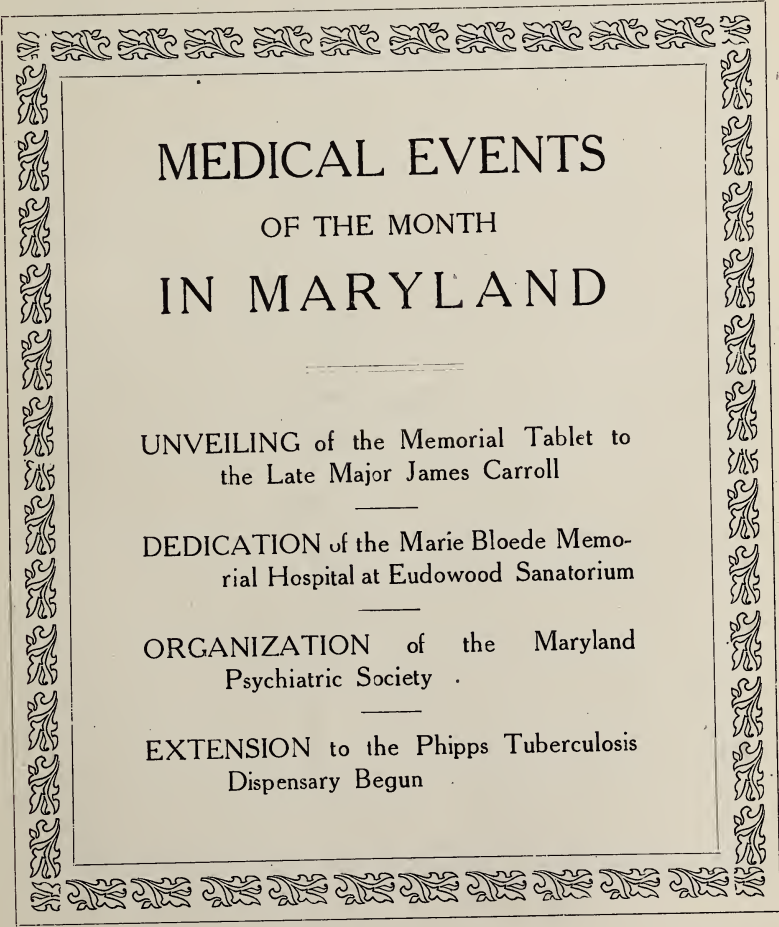
MARYLAND MEDICAL JOURNAL

A Journal of Medicine and Surgery

Vol. LI, No. 12

BALTIMORE, DECEMBER, 1908

Whole No. 1087



MEDICAL EVENTS OF THE MONTH IN MARYLAND

UNVEILING of the Memorial Tablet to
the Late Major James Carroll

DEDICATION of the Marie Bloede Memo-
rial Hospital at Eudowood Sanatorium

ORGANIZATION of the Maryland
Psychiatric Society

EXTENSION to the Phipps Tuberculosis
Dispensary Begun

ACADEMIC DAY.

Maryland has never been lacking in loyalty. She is slow, but she is true—true to herself and true to her honored past. Out of that honorable, large-minded past has come down to us the old St. John's College, at our State Capital, now happily allied to its junior at Baltimore, the University of Maryland, which can boast of barely a century of growth and usefulness.

On the one hundred and nineteenth anniversary of the elder institution, held November 11, about 2000 visitors and citizens attended the unveiling of a bronze tablet in memory of Major James Carroll, M.D., in the hall of the venerable University Medical building, Lombard and Greene streets, Baltimore. This alumnus, who died in 1907, was the first of a number of scientific physicians to submit himself to the bite of the yellow-fever mosquito in that noble series of medical experiments which has brought to the world rescue from one of its deadliest plagues. He became seriously ill from the fever, but recovered. We are pleased to republish a full description of Dr. Carroll's submission to the bite of a mosquito as given in his own words.

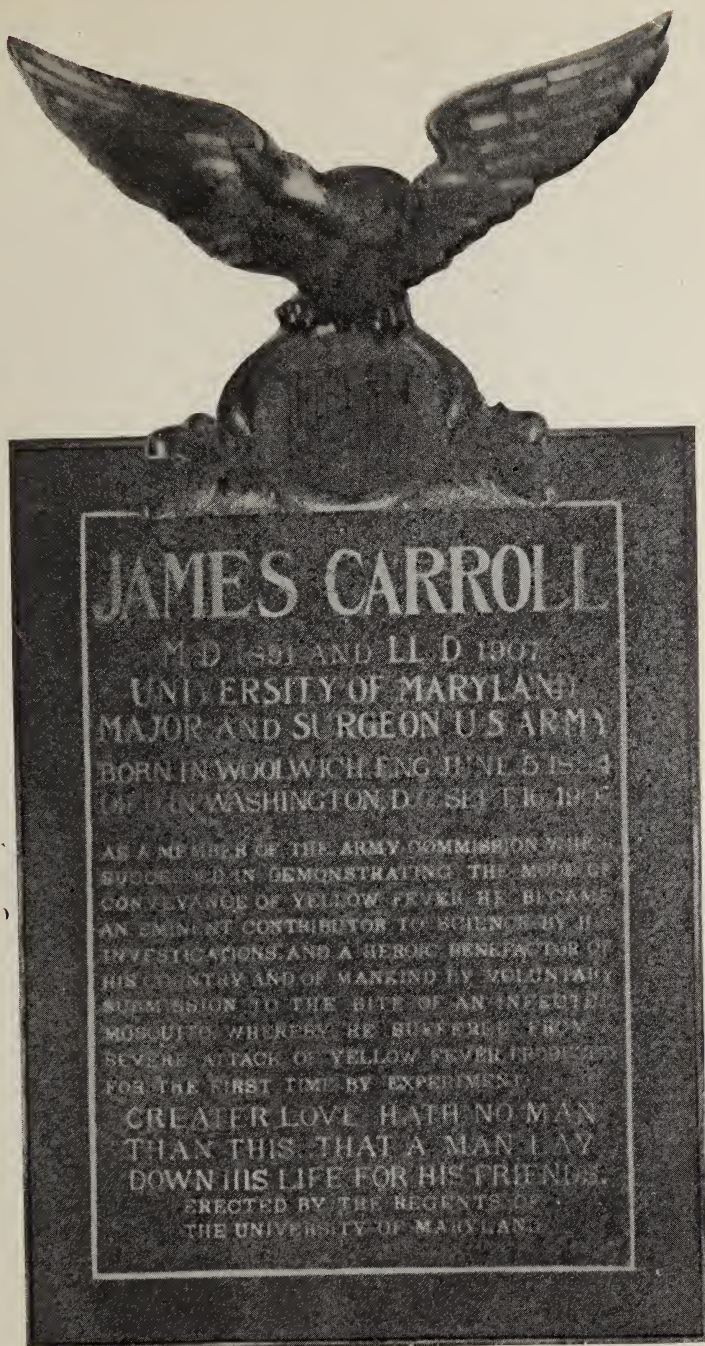
The remarkable career of St. John's College, founded on a colonial institution, King William's School, the first public free school in America, itself nearly a century old, is briefly sketched by Dr. Eugene Cordell, the historian of our Maryland profession. Originally designed as part of a State university, it was in 1905, under a legal contract, binding for five years only, affiliated with the Baltimore group of medicine, law, pharmacology and dentistry as "The Department of Arts and Sciences of the University of Maryland." St. John's is a live institution, with vigorous class life, and boasts among its graduates many of Maryland's most honored sons. The presence of her students in cap and gown at the head of the procession was a striking feature of the unveiling.

Abstracts from Dr. Welch's Tribute

Major Carroll, a man of lovable character and modest demeanor, has conferred one of the greatest benefits ever given to mankind by his unflinching heroism, and it is a source of pride to us that his name is linked with the University of Maryland.

What soldier on the battlefield could be more heroic?

He figures in history as one of the most eminent contributors to medical science, a martyr and philanthropist.



BRONZE TABLET UNVEILED NOVEMBER 11

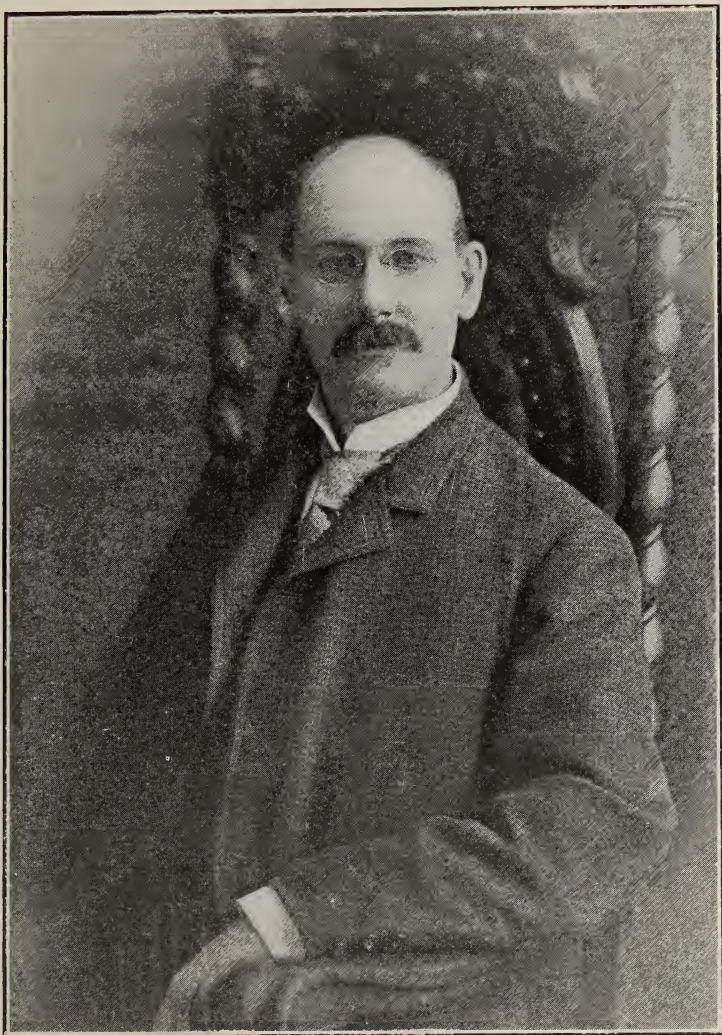
Size About 2 x 4 Feet

IN DR. CARROLL'S OWN WORDS

DESCRIPTION OF HIS INOCULATION BY AN INFECTED MOSQUITO, JULY 27, 1900

THE insect, which had been hatched and reared in the laboratory, had been caused to feed upon four cases of yellow fever, two of them severe and two mild. The first patient, a severe case, was bitten 12 days before; the second, third and fourth patients had been bitten six, four and two days previously, and their attacks were in character mild, severe and mild, respectively. In writing to Dr. Reed on the night after the incident I remarked jokingly that if there were anything in the mosquito theory I should have a good dose, and so it happened. After having slight premonitory symptoms for two days, I was taken sick on August 31, and on September 1 I was carried to the yellow-fever camp. My life was in the balance for three days, and my chart shows on the fifth, sixth and seventh days my urine contained eight-tenths and nine-tenths of moist albumen. The tests were made by Dr. Lazear. I mention this particularly because the results obtained in this case do not agree with the twentieth conclusion of Marchoux, Salimbeni and Simond, that the longer the interval that elapses after infection of the mosquito the more dangerous he becomes. Twelve days, the period above cited, is the shortest time in which the mosquito has been proved to be capable of conveying the infection. It is my opinion that the susceptibility of the individual bitten is a much more potent factor in determining the severity of the attack than the duration of the infection in the mosquito or the number of mosquitoes applied. On the day that I was taken sick, August 31, 1900, Dr. Lazear applied the same mosquito with three others to another individual, who suffered a comparatively mild attack, and was well before I left my bed. Thus it happened that I was the first person to whom the mosquito was proved to convey the disease. On the 18th day of September, five days after I was permitted to leave my bed, Dr. Lazear was stricken, and died in convulsions just one week later, after several days of delirium, with black vomit. Such is yellow fever.





THE LATE JAMES CARROLL

Reproduced from a Photograph Presented to Prof. John C. Hemmeter by His Friend Dr. Carroll
Not Long Before His Death

The Leader of the
Movement in Penn-
sylvania in the
Fight for the
Treatment of Tu-
berculosis.



DR. LAWRENCE F. FLICK

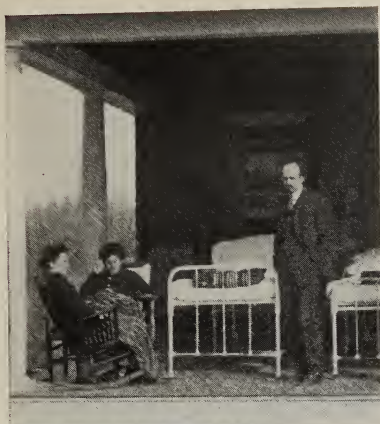
The Organizer and
Inspiration of the
International Con-
gress on Tubercu-
losis recently held in
Washington.

THE MARIE BLOEDE MEMORIAL.

The opening of a hospital of 30 beds for the treatment of advanced cases of tuberculosis, the promise of a cottage for tuberculous children, and the announcement that laws and appropriations have been made for the inspection of factories and the improvement of tenements, made the gathering at Eudowood on November 10 very noteworthy.

The occasion was the presentation by Mr. Victor G. Bloede to the sanitarium of a finely-equipped cottage as a tribute of affection to his mother, Mrs. Marie Bloede, in the presence of the Governor, the Mayor and about 500 public-spirited citizens. The Mayor, the Governor, Bishop Paret and Rev. Adolf Guttmacher took part in the ceremonies. Dr. Henry Barton Jacobs, who has done such remarkably fine work for the cause of tuberculosis repression in Maryland, and who is now the president of the board of directors of the sanatorium, accepted the gift. Dr. Lawrence F. Flick, director of the great Phipps Institute in Philadelphia, made the chief address; Judge N. Charles Burke of the Court of Appeals spoke also. A quartet, led by Dr. B. Merrill Hopkinson, furnished music for the occasion.

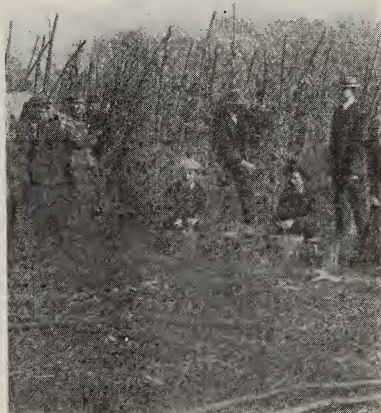
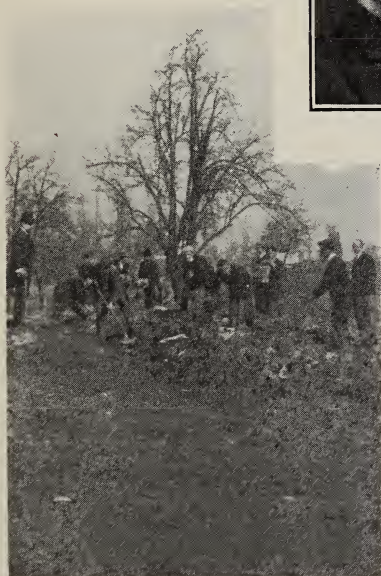
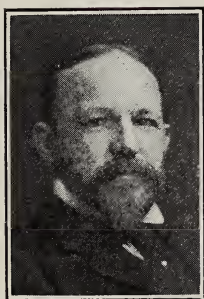
In commenting upon the gift some time ago of another Baltimore philanthropist, Mr. Epstein, we laid stress upon the desirability of greatly increased sanitarium accommodation for patients far advanced in tuberculosis, as a measure not only of kindness to the patients, but of absolute necessity in the checking of the spread of this disease to others, and especially in the crowded homes of the very poor. It is to be hoped that other citizens of large means will follow the example of these great-hearted men until the need is fully met.



Dr. Alexius M. Forster, Resident
Physician, at the Bedside



Patients Engaged in Light Work,
Dr. Jacobs Standing



[Photos for the Maryland Medical Journal by Waldeck]

SCENES AT EUDOWOOD

DR. HENRY BARTON JACOBS, President

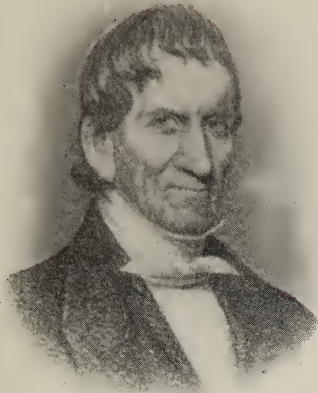
FARM COLONY—Best method in existence for treatment of patients after disease has been arrested. Plan won distinction through International Tuberculosis Congress awards. Lower right-hand picture shows patients gathering beans to the left is the cabbage patch. The products of the farm make the plan largely self-supporting.



HOSPITAL STAFF ON THE STEPS OF THE MARIE BLOEDE MEMORIAL COTTAGE, DEDICATED NOVEMBER 10. THE ONLY SANITARIUM IN THE STATE FOR THE TREATMENT OF ADVANCED CASES OF TUBERCULOSIS



GROUP OF PATIENTS ON OPEN AIR PORCH. SLEEPING ARRANGEMENTS SEEN AT THE RIGHT OF THE PICTURE



Moses Sheppard



Enoch Pratt

THE SHEPPARD AND ENOCH PRATT HOSPITAL.*

IN a most healthful and picturesque part of Baltimore county, at an altitude 500 feet above tidewater, is situated this institution, unique among the great hospitals of Maryland. Endowed at its inception with more than half a million of dollars by its founder, and again, a second time, 12 years ago, with a round million from another benevolent Baltimorean, free to receive and discharge patients at will, and under the complete control of an experienced alienist, it has had opportunities for the development of psychiatry surpassed by few hospitals in the world.

Its history presents many points of extreme interest. Moses Sheppard was an old bachelor, a consistent member of the Society of Friends, whose birth occurred "about six months before the celebrated destruction of the cargo of tea in Boston harbor, in 1773." His parents were Pennsylvania Tories, and were reduced to poverty by our Revolutionary War. Beginning his career an orphaned boy in Jesse Tyson's store at Jericho Mills, Md., then finding employment in a grocery store in Baltimore, he later bought his employer's business, and, watching opportunities for judicious investments, he gradually accumulated a fortune of \$600,000.

The bachelor bent on accumulating a fortune is not usually addicted to generosity, but Moses Sheppard was a noble exception to this rule. With all his money-getting, he was extremely kind-hearted and thoughtful of his employes, even to his own business

*The third of a series of articles on Psychiatry in Maryland. Next month consideration will be given the Springfield State Hospital for the Insane.

disadvantage. Becoming more and more interested in the deplorable condition of the insane, Mr. Sheppard organized in 1853, four years before his death, his own Board of Trustees, had it incorporated, and gradually, with the aid of its members, perfected his plan.

He believed that what was needed was not another asylum, but a curative hospital for acute cases, in which, regardless of expense, the ameliorated system of treatment, then but lately introduced into America, might be applied and carried to further perfection. He anticipated that the expense of this method would limit the number of patients, but he desired that it should be followed, even if each patient should require his own special attendant.

At his death his estate amounted to half a million, and as only its income could be used, the work proceeded very slowly. In 1858 a tract of about 400 acres was purchased and a brickyard was established upon it, in which nearly all the bricks for the future buildings were made. The trustees sent Dr. David Tilden Brown, superintendent of the Bloomingdale Asylum, New York city, on a tour of the great asylums of Europe, and on his return he aided the architect, Mr. Calvert Vaux, in preparing the plans for the hospital, the erection of which was soon commenced. For 30 years the buildings progressed slowly toward completion, the wonder of all the countryside. Everything was made solid in accord with the best sanitary knowledge, and absolutely fireproof.

With their customary circumspection, the trustees sought for medical superintendent the best-equipped alienist to be obtained. Dr. Edward N. Brush, assistant physician at the Pennsylvania Hospital for the Insane, Philadelphia, was selected. A graduate of the University of Buffalo, and at one time lecturer there on electrotherapeutics, Dr. Brush had, after four years of general hospital work and private practice, become interested in psychiatry, and had pursued his studies along this line for nearly seven years as assistant physician in the State Hospital for the Insane at Utica, and then for seven years more had held the same position of responsibility in the Pennsylvania Hospital. He was called in his 39th year, in the full maturity of his powers, to the new work at Sheppard, of which, by the wise determination of the trustees, he was given absolute medical control. Dr. Brush's annual reports show that he at once recognized the opportunity to create at Sheppard a hospital not only in name, but in fact, an opportunity of which the fullest advantage has been taken. In eulogy of one who is still an active participant in medical progress among us we must of necessity be very reticent. A detailed account of his views concerning the treatment of the insane is given in the chapter on hospital care of the insane which he has contributed to Hare's System of Therapeutics. The character of the scientific work done under his direction is well illustrated in the first volume of Medical Reports issued by the hospital in 1903, and containing articles by Paton, Farrar, Dunton and Rusk, all of them at the

present time leaders of psychiatric research. Dr. Brush early recognized the opportunities at Sheppard for affording training to young men in psychiatry. In his fourth annual report he says: "As we are able to add to our means of research and to accumulate here a library of reference and gather material for study in the way of clinical, laboratory and pathological notes, we shall attract to the work those who will not only aid in the distinctively medical work of the institution, but will go from here to extend its work in other fields."

Although by his will Moses Sheppard had left his trustees absolutely free in their conduct of the hospital, they have ever found it best to move along the lines which his wise prescience laid down for them in his many conversations around the council table, and in memoranda jotted down from time to time by him. The keynote of his instructions was thoroughness regardless of expense; quality of work rather than quantity. "If I can believe," said he, "that the money which I shall leave will be instrumental in restoring but five insane persons to health, or even four—nay, if but one recovers, I shall feel that I have not lived in vain." He desired it to be an expensive institution in which those who had ample means should pay well, so that patients of more limited resources might equally reap the benefits of his foundation. In this latter class he did not include paupers, but self-supporting citizens, who, falling into mental disease, lack money for proper treatment in its beginnings, and through this lack pass on into permanent insanity.

Dr. Brush is of the opinion that an air of comfort or even luxury about the hospital has a distinctly curative influence upon such patients. In Hare's Therapeutics, above quoted, he holds that among the special features of hospital care should be mentioned the influence of the institution—the effect of cheerful surroundings, of decorated walls, bright rooms, a pleasant outlook, flowers, books and pictures; in short, what may be termed the esthetic of the patient's environment are all for his good. "I have seen," says Dr. Brush, "the entire character of a ward changed, so far as the conduct of the patients was concerned, by the addition of a large sitting-room, the frescoing of the walls and the introduction of homelike furniture, pictures and books."

Guided by the wise suggestions of Moses Sheppard in the matter of finances, the hospital has thus been able to maintain its financial solvency without any solicitation of aid from any source, yet receiving nearly half its cases at times at much less than half of the actual cost of their care, and many of these without any charge whatever.

THE ENOCH PRATT BEQUEST.

No more gratifying endorsement of the conduct of the institution during its early years could have been desired than that indicated in the bequest of Mr. Enoch Pratt. This gentleman, a Baltimore business man, of the Unitarian faith, was well known to very



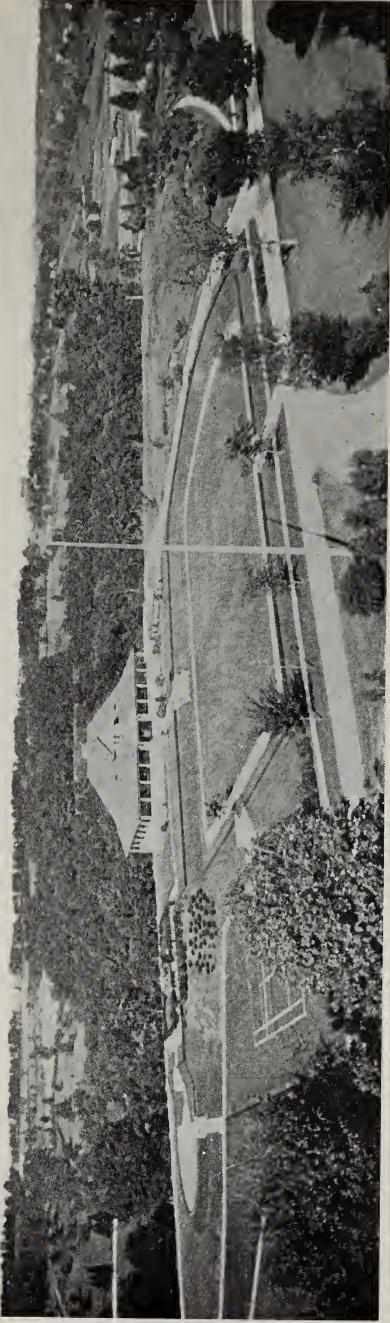
HOSPITAL BUILDINGS — EASTERN APPROACH

many of our readers as a man of uncommonly shrewd judgment and likely to invest his money to the best advantage. During his lifetime, in order to be sure that his wishes would be actually carried out, he founded the great public libraries familiar to us all, under an ironclad contract with the city.

Later, casting about for some way in which his name might be perpetuated in a great benevolence, he willed the large residue of his property to the Sheppard Hospital. So deeply impressed was he by the wisdom and fidelity with which the intentions of its first founder had been carried out that he attached to his bequest no conditions whatever except that his name should be added to that of the founder and that the institution should be called officially a hospital. He stated in his will that he did not wish to "alter the operations and management in the working of the said asylum as now existing and being carried on," but that after the enlargement of the buildings for the accommodation of 200 additional inmates, he wished the income of his money to be devoted mainly to the care of the indigent (not pauper) insane at very low charges or absolutely free, as the trustees should judge to be most desirable. His endowment thus simply enlarged the work already in progress there and accentuated its medical and psychiatric aspects.

If the Sheppard and Enoch Pratt Hospital had been conducted like the other great institutions for the insane in our State it might have grown to a capacity of several thousand inmates by the gradual accumulation of chronic cases. But returning many inmates to their homes healed or greatly convalescent, and requiring the friends of patients who cannot be improved to remove them, the number of patients has been restricted, much to their advantage. The number of admissions have averaged about 100 each year up to the present time (over 1830 cases have been received), and the percentage of recoveries has steadily increased. For the last two years a new case has been received on an average every other day.

Considering that alcohol and drug habits in the sane are not treated, the hospital statistic throw a hopeful light upon the outlook of the acute insanities when treated in an institution of this kind. Of 176 patients discharged during the year 1907, 52 returned home absolutely recovered—that is, restored to their usual average of intelligence, the disease of the mental faculties having absolutely disappeared and their full vigor of life and activity being restored; 31 were much improved, and 24 were improved. Only 106 were left in the institution, the average daily under care during the year having been but 110. It is on this absolutely recovered class that psychiatry must base its ultimate claim as a healing art, rather than on those dismissed from institutions only partly insane; and considering the extreme care with which the word recovery is used, the Sheppard and Enoch Pratt Hospital is certainly to be



RECREATION HALL FROM HOSPITAL TOWER



WOMEN'S BUILDING

SUPERINTENDENT'S RESIDENCE

RECREATION HALL

congratulated on its large and continually increasing results of treatment. At times the wards have been full, but in no case has a patient for whose recovery there appeared to be a reasonable hope been refused who was unable to pay for treatment.

A very gratifying feature of the work has been the growing number of voluntary commitments by the wish and consent of the patients themselves. These voluntary commitments last year amounted (they were all, with one exception, actually insane) to 43 per cent. of all the admissions. "Nothing," says Dr. Brush, "can do more (than voluntary commitments) to remove from public opinion and professional prejudice, which I am sorry to say also exists, the foolish idea that some stigma necessarily attaches to the patient who has been an inmate of a hospital devoted to the care of mental cases. Nothing will do more to hasten the day when in the majority of cases the insane will be received into hospitals like the Shepard and Enoch Pratt as freely as the sane now gain admission to other hospitals, and when care, treatment and even detention will be sought by those who need it with perfect confidence that all their rights will be respected and preserved, and that in such institutions they will be in the best possible position for relief or restoration to reason and future usefulness."

TREATMENT.

The physicians of the hospital have no special "ways of curing," nor is there any "mysterious influence" exercised by it. It is a general hospital for mental diseases, with all the equipment that a general hospital should possess. Upon admission, or soon thereafter, the patient is brought before the whole medical staff, which holds daily conferences at a stated hour; the case of the patient is investigated and recorded in every aspect, just as in a hospital for the sane; all necessary laboratory analyses are made, just as in a hospital for the sane, and careful records are preserved of every important detail elicited in these various ways. The skill and experience of the whole staff are thus placed continually at the disposal of each patient, and such measures as they may judge desirable are established for his cure or comfort.

The patient is assigned to the division of the house which seems best suited to his condition, and through the conferences of the staff, aided by the charts and written notes of the nurse and the clinical history of the physician specially in charge, the whole staff is kept in touch with each case, and each case has the benefit of the views of every member of the staff. The histories are carefully filed as in every first-class hospital for the sane. The endeavor is always to treat the patient, not the individual symptoms of his disease. These latter receive all necessary attention as they arise, but are not allowed to divert attention from the conditions upon

which they are based. The prolonged warm bath or wet pack is preferred as a hypnotic to the conventional hypodermic, which often adds another toxic element to those which have produced the excitement. Massage, the rest cure, regulated exercise, hydrotherapy (the whole armamentarium of psychiatry, of whatever sort) are applied as indicated by the special conditions. Much attention is given to the physical and mental exhaustion which obtains so generally in psychiatry. The new kitchen and dining-rooms, equal to those of first-class modern hotels, are admirably adapted to the building up of lost appetites.

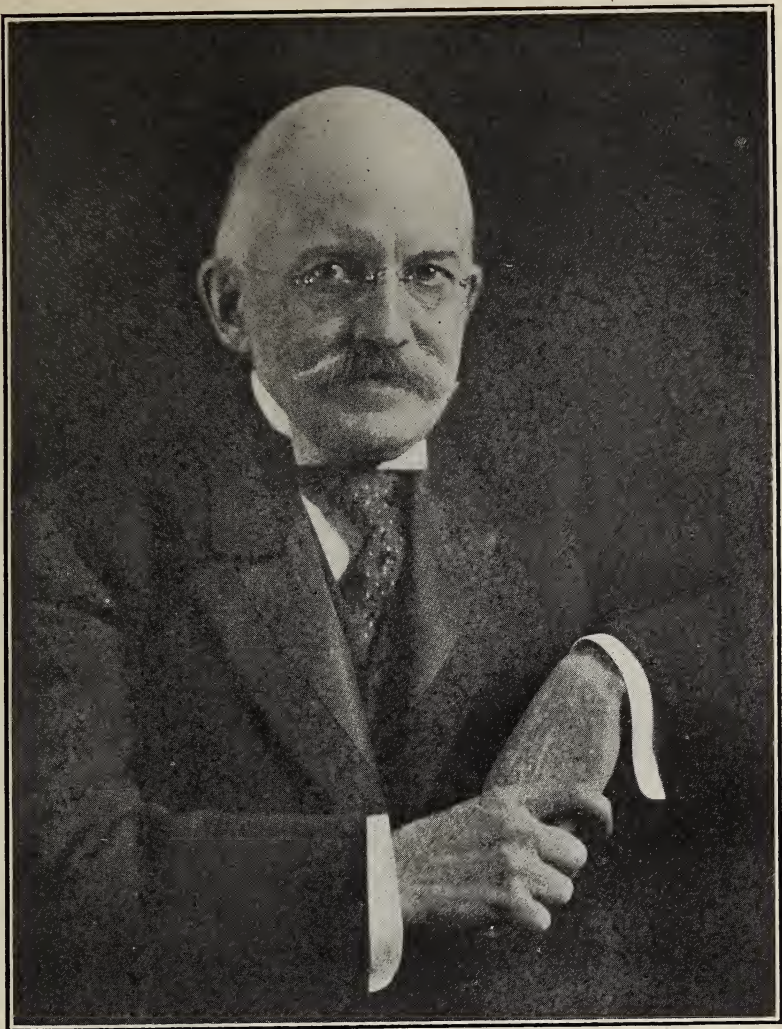
In addition to the ordinary clinical and pathological laboratory equipment there is a fine, expensively-equipped laboratory for the study of metabolism, in which a special worker carries out the most intricate investigations as required or suggested by the cases which enter the hospital. This feature is an exceedingly rare one in America in connection with any hospital for the insane. Fine cabinets of brain sections and other materials for pathological study have been accumulated since the opening of the hospital. Careful post-mortems after the manner of the best hospitals are made whenever permission can be obtained.

THE MEDICAL STAFF.

The medical staff consists of Dr. Brush, three assistant physicians and two clinical assistants, a proportion of physicians to patients which is certainly far in advance of that which usually obtains in institutions for the treatment of the insane. The junior staff is recruited from among the high-grade graduates of colleges in the United States and Canada. Each is expected, in addition to his clinical duties, to pursue some special research in psychiatry, likewise to contribute from time to time reviews and original articles to the conferences of the staff. Twice a week one or more of the assistants is on duty at the neurological clinic of the Johns Hopkins Hospital.

The earnestness and ability of the members of the assistant staff is indicated by the special studies which so many of them have afterwards pursued in Europe, and the benefits which they have received from their association with the hospital are sufficiently shown by the honorable positions which very many of them now hold in other psychiatric institutions. The Sheppard and Enoch Pratt in its brief career has contributed very decidedly to the development of an able corps of scientific alienists, the lack of which was so deeply felt in America.

The hospital has a very carefully conducted training-school for nurses, in which earnest efforts are made to evolve a high type of nurse for the insane.



[First reproduction of a portrait just finished by Meredith Janvier.]

Superintendent of the Sheppard and Enoch Pratt Hospital

Thirty Years Engaged in the Care of the Insane

As an appreciation of the services which he has rendered to the public and private care of the insane, his friends have announced a public dinner to be given in his honor on December 11 under the auspices of the following committee of arrangements: G. Adler Blumer, Providence, R. I.; W. A. Paton, Lakewood, N. J.; John B. Chapin, Philadelphia, Pa.; Hugh H. Young, Charles M. Franklin and Henry M. Hurd, Baltimore, Md.

RECREATIONS.

Industrial employment for the support of the institution is naturally quite out of place in a hospital of this class. In these acute cases the desire of occupation is looked upon as a sign of beginning convalescence, and facilities for meeting this demand are thoroughly furnished, but only as a recreation and not as a task. The extensive grounds allow of abundant exercise, and still greater liberties in this direction are given as the patient can appreciate them.

In 1882 Dr. Brush visited a number of the asylums and hospitals for the insane of Great Britain, carefully noting details of value for his own work. A report of his visit was made in the *American Journal of Insanity* for January, 1883, and the *Bulletin de la Société de Médecine Mentale de Belgique*. In 1902 he visited some of the best psychiatric clinics of Germany and hospitals of France and Great Britain. A careful analysis of the methods pursued in the German clinics and a comparison of these with our American methods was presented by him in the *American Journal of Insanity* in 1905, and reprinted. He also made visits to Europe with the purpose of studying hospital methods in 1890 and 1896. Last year he went to Amsterdam as a delegate to the International Congress of Psychiatry and Neurology, and took advantage of the opportunity to visit some of the psychiatric hospitals of France and England.

Dr. Brush has been connected with medical journalism during almost his entire professional career. From 1874 to 1879 he was editor of the *Buffalo Medical and Surgical Journal*, and while at the State Hospital at Utica was on the staff of the *American Journal of Insanity*, one of the oldest special medical periodicals in the world. Since 1897 he has again been one of the editors of the *Journal of Insanity*, now the official organ of the American Medico-Psychological Association, and is now its managing editor. Besides being a member of various American medical societies, he is an honorary member of the Medico-Psychological Association of Great Britain and Ireland and of the Société de Médecine Mentale of Belgium, and foreign associate member of the Société Médico-Psychologique of Paris.

The present conduct at the Sheppard and Enoch Pratt Hospital has been shaped with the full consideration of the claims of science and of the special needs of the American citizen. It stands as not only an institution foremost of its kind in the world, but as a compact center capable of development in any direction and to any extent which the psychiatry of the future may demand.



PROCEEDINGS
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

Editorial and Publishing Committee.

ALEXIUS MCGLANNAN, M.D. J. A. CHATARD, M.D. JOHN RUHRAH, M.D.

Secretaries of the County Societies are earnestly requested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Dr. Alexius McGlannan, 847 North Eutaw Street, Baltimore.

COUNTY SOCIETY MEETINGS.

Allegany County Medical Society—Weekly during November.

Baltimore County Medical Society—Towson, November 19.

Carroll County Medical Society—Annual meeting, Westminster, November 5.

Frederick County Medical Society—Frederick, November 11.

Harford County Medical Society—Harve de Grace, November 12.

Howard County Medical Society—Ellicott City, November 10.

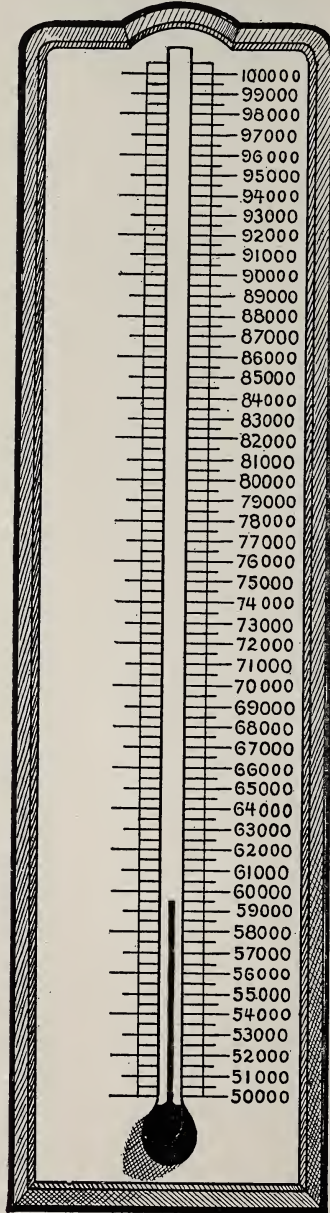
Prince George County Medical Society—Washington, D. C., November 14.

Somerset County Medical Society—Princess Anne, November 10.

Washington County Medical Society—Annual meeting, Hagerstown, November 12.

Worcester County Medical Society—Annual meeting, Berlin, November 19.

**\$100,000.00 TO BE RAISED
BY APRIL 30, 1909.**



"HELP IT RISE"

REPORTS OF COMMITTEES, ETC., SUBMITTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY, APRIL 28-30, 1908.

(Continued from November Number.)

BOARD OF MEDICAL EXAMINERS.

With the exception of an Amendment to the Medical Law adopted by the Legislature just adjourned, whereby the adherents of Christian Science are restricted to rendering service without compensation, the law regulating Medical Practice remains practically unchanged.

While it is quite susceptible of improvement, the Board of Medical Examiners and the Committee on Legislation concluded that as the law was accomplishing its purpose fairly well the correction of its minor defects was not warranted at present, as such effort might in some way arouse antagonism and jeopardize the more important subjects which the Profession was presenting to the consideration of the Legislature.

The prosecution of unregistered practitioners has been more satisfactory than ever before. The Watson case from Allegany Co., to which reference was made in our last report, and in which a fine of \$200 was imposed, was carried to the Court of Appeals, with the result that the lower Court was confirmed and the constitutionality of the law was upheld in every particular. In Baltimore City twenty cases have been indicted by the Grand Jury, with four convictions. Most of the other cases were settled under agreement that accused party leave the State and remain away permanently. Three cases are now pending in the Criminal Court. In Carroll Co. proceedings have been instituted against an illegal practitioner, whose violation of the law has been marked by such defiance as to call for action of the most positive character.

The regulation of Medical Practice does not mean merely the determination of who shall be licensed to practice medicine as a result of examination held by the Board of Medical Examiners. This conception or understanding indicates a very limited knowledge of the real purpose of the law, as well as the results which it is expected to secure.

Primarily, the enactment of this law sprang from an awakening of the profession to the realization of the possibility of the accomplishment of far greater service to humanity by advocating a higher standard of education which would serve two purposes: one to bring into the practice of medicine men who were possessed of a superior training, and thereby better fitted for work—and the other, to keep out of the profession a class of men who were ill-

fitted and who had possibly secured diplomas through easy methods or actual purchase.

This was the primary object of the effort to secure legislative enactment looking to the regulation of Medical Practice—the establishment of a higher standard of training whereby the profession as such would be strengthened and uplifted, and individual and public health be better secured.

The practical operation of this purpose is found in the work of the Examining and Licensing Boards of the various States, which consists of the holding of examinations of all desiring to enter the practice of Medicine and Surgery. As a necessary sequence the entrance to this practice is contingent upon the result of the examination, which, if successful, carries a license to register as Physician and Surgeon in the County in which the licentiate determines to locate. Briefly stated, this represents all that is involved in the determination as to whom a license shall be granted, in so far as that license shall be issued as a result of examination.

The spirit which brought the medical law into existence in Maryland in 1892 gradually extended and brought under its influence the profession throughout the entire country. Prior to this time there had been little, if any, statutory requirement or restriction as to the practice of medicine. With the possible exception of here and there a State, it had in all this mighty land hardly a legal status. Steadily the movement started twenty years ago, extended, and State after State enacted laws prescribing methods of entrance into medical activity, so that now there is not a State which has failed to place upon its Statute Books a defined legal status for the Physician and Surgeon. With the passage of these laws and compliance with their provisions through the Examining and Licensing Boards, new questions and new problems developed, prominently and of special interest to every medical man, that involve his transfer of residence from one State to another.

These removals of physicians necessitated the adoption by the various Licensing Boards of some method whereby this could be done with the least delay and without harm or injustice to the physicians whose interests, fancied or real, caused him to determine upon a change of residence. At the same time such guards should be set up as would protect the State from the incoming of the "undesirable citizens" who are confined to no class, and of which the Medical Profession, we must admit, possesses its share. It is a disagreeable admission and one from which we would gladly dissent, but experiences reveal the facts—at the same time they show the way and have helped amazingly to build up between the States an understanding known as Interstate Medical Reciprocity, whereby this transmigration of physicians from one State to another is made comparatively easy, and the State at the same time protected from invasion by those who have failed to maintain a professional standard in the place whence they come.

This problem, often vitally affecting the individual and the State

as well, is of far-reaching importance; really of greater moment than the determination of issue of license as result of examination to those who have never practiced. The young graduate comes before an Examining and Licensing Board to participate in an examination to determine his qualifications, as shown by his attainments, to practice Medicine and Surgery. Whatever may be his individual character, his professional character is embryonic, and with license issued he goes forth as one qualified to minister to the sick and alleviate physical suffering. With the training he has had his professional character should grow with his professional skill, and there should be developed in him the true physician, who not only obligates himself upon, but lives by the "Hippocratic Oath." Unfortunately, many fail to develop either skill or character. Dismal failure follows, and by necessity a new field of labor is sought, hoping therein to retrieve lost opportunities. This result of the disappointed and unfortunate makes imperative the control by Licensing Boards of the movements of physicians. The problem was vexatious, and for several years the subject of much conference and discussion. A number of State Examining Boards formed themselves into an Association or Confederation, so that by personal discussion and interchange of views by members of Examining and Licensing Boards from the various sections of the Country a just solution could be effected. Your Board is a member of the American Confederation of Reciprocating, Examining and Licensing Boards, and from the Annual Meetings of the Confederation much information has been secured and much good accomplished. Many of the States vary in the requirements they impose upon those contemplating change of residence, but the meetings of the Confederation and the discussion in the Board have so minimized original differences, that now there is practically throughout the Union unanimity as to the desirability of Interstate Medical Reciprocity, as well as methods whereby it shall be regulated. The only States, according to our latest data, which make no provision for the recognition of the license of another State are Alabama, Arizona, Arkansas, Florida, Idaho, Indian Territory, Louisiana, Massachusetts, Mississippi, North Carolina, Oklahoma, Tennessee, Utah and Washington. Upon this subject the Maryland law strikes us as broad and fair, and one that could be well imitated by some of the States. One provision is open to criticism and doubt as to its justness. It reads—"the respective Boards are authorized to license, without examination, applicants who present proper certificates of proficiency and professional standing, at the time of application, issued by the Boards of Medical Examiners of the District of Columbia and of other States, the requirements of which are of as high a standard as those governing the Boards of Medical Examiners of this State; provided such Boards of such States or District grant the same privileges to the licentiates of the Examining Boards of Maryland." The propriety of that portion of what I have read obliging the Board to exact requirements of

as high a standard as those governing the Boards of Medical Examiners of this State will be generally admitted; the latter portion, however, "providing that the Boards of other States grant the same privileges to the licentiates of the Examining Boards of Maryland," thereby making the recognition conditional, will not be so promptly admitted as reasonable and just. The first impression is that the law is right and if recognition is not accorded a Maryland licentiate by Pennsylvania or New York or Massachusetts, Maryland should deny recognition to the licentiate of those States. Yet is it fair? Is it just to a worthy man that recognition in such a personal matter be denied him because a Legislature in the formulation of the law seemed to be actuated by the spirit which gives life and force to the *lex talionis*? We have always acted in these matters in accordance with the law's requirements and reference is only made to present one of the problems involved in removal of a physician from Massachusetts to Maryland, who comes here to take up by request an important State work for which he has been selected by reason of his special fitness. His highest class. He applies for recognition of a Massachusetts license in order that he may secure license to register here conformably to law, and yet under the Maryland law we are forbidden so to do, as Massachusetts does not reciprocate with this or any other State. The problem thus confronting us is as yet unsolved, but we hope through the exercise of another power granted in the law to dispose of it in fairness to all concerned.

The method referred to is the "Special Examination" allowed under "terms and methods prescribed by the Board of Medical Examiners." This method was in vogue in the early life of your Board before Interstate Medical Reciprocity through recognition of license had become generally established, and is in many respects the ideal method, and was so presented several years ago by the author of this Report, in a discussion as to "How May Interstate Reciprocity in Licensing be Best Accomplished" in the following language—"The physician who has been engaged in practice and has made his reputation should realize upon his capital. Under the Maryland law such an asset is measured at full value, and the owner spared the anxiety and possible humiliation of a technical examination upon details, which have been forgotten or displaced by the more valuable lessons of practical, clinical experience. And while the procedure thus outlined favors the physician, its exercise saves the profession of the State in which residence is contemplated, the engrafting upon it of the incapable and unworthy. Since its enactment, a decade since, but one man coming into Maryland under its provision has proven undesirable. This degree of excellence has not been maintained among those who have come into the State through reciprocity based upon mere recognition. In the opinion of the writer the only objection that can be lodged against this system is that it clothes the Board of Medical Examiners with too great powers, which might be abused. Power, how-

ever, must be lodged somewhere, and it is safe to declare that this authority will be as wisely and justly exercised as any other with which the Board may be entrusted. Believing that the proceedings attending the removal into another State under Interstate Medical Reciprocity should be characterized by simplicity and celerity so that the physician should not be hampered or delayed; that the capability and character he has acquired should be his passports to the respect of the profession in his new home, and that the public should be protected from the incoming of the incapable and untrustworthy, we have made careful investigation of the laws upon this subject and believe that in the 'special examination' feature of the Maryland law we find 'How Interstate Reciprocity in Licensing May Be Best Accomplished' in the interest of the physician, the profession and the public."

The presentation we have made refers only to the routine procedure as laid down in the laws regulating Medical Practice. Licensing Boards throughout the Country are in full sympathy with the advanced thought of the profession as to the standard set for those who have selected medical and surgical work as their vocation, as shown by the quality of examinations which are being held in the various States. They are establishing even a higher standard, and are insisting that the licentiate seeking recognition of State license must show in his papers that his academic training, his pre-medical examination, is the same as that required of those participating in a primary examination for license in that particular State. To illustrate—Ohio recognizes the Maryland license by reason of the quality of examination held by the Maryland Board, but when a licentiate of this Board applies for recognition in Ohio through possession of a Maryland license, he must show that his pre-medical education is of the same standard as that required of the applicant for examination for license in Ohio. If he can present proof that he complied with the requirements to which the Ohio applicant has been subjected, his Maryland license is recognized and registration in Ohio is secured, but if he is unable to present the evidence of preliminary academic education, he is required to take an examination in the preliminary studies which are prescribed for those taking the regular examination for license. If successful, his Maryland or other State license is recognized; if not, it is refused. Thus the Ohio Board emphasizes its judgment upon the desirability, the necessity of those entering upon the study of medicine having a proper preliminary education, and notice is thus served upon Medical Institutions everywhere, that if their graduates come before the Ohio Examining Board, either for primary examination or recognition of license issued by another State their standing will depend upon the pre-medical educational attainments of the applicant.

Does not this attitude bring most conspicuously to the attention of Medical Teaching Bodies, that justice to the Institution which they represent, as well as to their pupils, requires that a standard

of preliminary medical education shall be determined upon and then rigidly observed? From what we have said Medical Institutions will understand that not only must the curriculum be of a certain standard, but the preliminary or entrance requirements, of the grade which will enable their graduates to meet either primary examination exactions, or those dependent upon an application for recognition of license of another State. As it becomes known that the graduates of Baltimore Colleges are ineligible to the reciprocal relationship established by the States, the effect upon the student body may be disastrous, and result in a very diminished attendance. We mention this that those associated with Institutions located in Baltimore may understand the situation.

During the past Summer a recent licentiate of the Maryland Board, a graduate of a Baltimore College, applied for recognition by Ohio of his Maryland license. He was unable to make satisfactory answer to the inquiry as to his preliminary academic education and was informed that unless he could successfully pass an examination of that character his license would not be recognized. He declined to take the examination.

The same voice comes from Delaware, with which Maryland has been in reciprocal relationship for years, and the attitude of the Delaware Board upon this all-important subject is clearly set forth in the following letter recently received:

"Wilmington, Del., March 27th, 1908.

"Dr. J. McP. Scott, Sec'y.,

Maryland Medical Examining Board,
Hagerstown, Md.

"Dear Doctor:—I have been intending since our Medical Law was amended in 1907 to write you, but have simply delayed doing so through procrastination. One of our amendments was the raising of our preliminary education standard, so that an applicant for examination must bring a diploma from some Literary or Scientific College, or a certificate from the Faculty of Delaware College showing that the applicant is qualified to enter the Freshman class of the Latin Scientific Course of that institution. Having thus raised our requirements, we are unable to see how we can consistently continue the endorsement of your certificate unless your standard has been correspondingly raised, and for this reason our Board would like to know if your preliminary educational requirement is still a 'competent common school education' and whether you require any test of the preliminary education other than the candidate's affidavit.

"Prior to raising our standard we never had anyone to apply for examination who did not declare under oath that he or she had a 'competent common school education,' though the papers of some upon being submitted after examination show plainly that they did not have even a 'common school education.' After several years of reciprocity with New Jersey, at which time their standard was the same as that of Maryland and Delaware, the

N. J. law was amended and their standard raised, whereupon we were notified by the Board of N. J., through its Secretary, that under their statute as amended they would be obliged to discontinue their endorsement of our certificate, but expressed the hope that we would continue to honor theirs, and that we would as soon as possible bring our standard up to theirs, when they would be very glad to again enter into reciprocal relation with us. We did continue to honor their certificate, and since our law was amended we have re-established with N. J. reciprocal relation.

"At our meeting with the officers of the N. J. Board last Fall they told us that they had discontinued the endorsement of the Pennsylvania Board certificate for the same reason that they had stopped accepting ours, and that they had been told by Dr. Beates, secretary of the Pennsylvania Board, that he and the other members of the Board were glad of the stand taken by the N. J. Board and hoped other States with higher standards would take some action and thereby show the necessity of amending the Pennsylvania law; that they had been unable thus far to secure any further legislation. I would be very glad to hear from you as to whether there has been any change in your law raising your standard. May I ask in conclusion if the Maryland Board will continue to endorse our certificate, even if we should, under our present status, be obliged to discontinue the endorsement of yours until your standard is made equal to ours? I herewith enclose copy of our law as it stands.

Yours truly,

"P. W. TOMLINSON, *Sec'y.*"

The reference to New Jersey may recall the fact presented in a previous report that our relationship with that State had been dissolved by the opinion of the Attorney General because our requirements were not of the same quality as New Jersey, inasmuch as our law required only the evidence of a common school education. We are, however, at present in communication with New Jersey looking to a restoration of the comity through the ruling of our Board as to the meaning of a "competent common school education" as referred to in the Medical Law. In order that you may fully understand the cause of the discrimination against Maryland by certain licensing Boards, we call your attention to the language of the law in reference thereto: "Applications shall be accompanied by satisfactory proof that the applicant is more than twenty-one years of age, is of good moral character, has obtained a competent common school education and a diploma from a legally incorporated medical college, requiring a four years' standard of education as defined by the American Medical College Association." Your Board in construing this requirement will rule that a "competent common school education" means a *completed* course of education as laid down in the public school system of this State, and that—upon the authority of the State Supt. of Public Education—completion of that course admits to the Freshman Class of College. With applicants subjected to this requirement it

is hoped that the present unfortunate predicament, in which graduates of Maryland Colleges and licentiates of the Maryland Examining and Licensing Board find themselves, may be removed.

The question of disbarment of Maryland licentiates by reason of deficient preliminary education should be settled by the Medical Colleges of this State acting with the Board of Medical Examiners. The path of right and duty is as plain to one as it is to the other; will we travel it together, and by our mutual efforts secure to the graduates of your Institutions and the licentiates of the Board of Medical Examiners, the rank to which they should be admitted, either in Delaware, New Jersey, Ohio or any other State?

It is thus seen that the mere holding of an examination by a State Board of Medical Examiners is not its sole function. These examinations present the best and apparently only available means of ascertaining the extent of professional attainments and determining whether or not these applicants for licensure are of the quality to warrant attendance upon conditions which are to determine the issues of life and death. The work of our Examining and Licensing Board should reflect the best thought and character of the profession. The discharge of their duties as examiners should be marked by fidelity and intelligence, so that the profession at large, recognizing the excellence and beneficence of their work, will endorse and strengthen their efforts. Unity of purpose and co-operation should characterize the relations existing between the profession and the Examining Boards. We believe this feeling exists in Maryland, and our official relations with the Examining Boards elsewhere cause us to believe it exists in other States. Out of it good must come, and its manifestations will be found, as time passes, in a profession of loftier character, superior ability and a stronger grasp upon the great problems which make for the physical well being of the human race.

REPORT OF DR. J. MCP. SCOTT, TREASURER BOARD OF MEDICAL EXAMINERS OF MARYLAND, OF RECEIPTS AND EXPENDITURES SINCE REPORT OF APRIL, 1907.

Hagerstown, Md., April 17, 1908.

RECEIPTS.

1907.	
April 13, To Cash Balance as per Report.....	\$1515 47
1908.	
April 17, Fees from Applications, Licenses, Permits, Transfers.....	3810 00
Total Receipts.....	\$5325 47

DISBURSEMENTS.

1907.	
May 11, Ira W. Hays, printing Report 1907.....	\$38 00
May 5, W. J. C. Dulany Co., Stationery.....	5 17
June 6, C. C. Fulton, Adv. June, 1907, Examination.....	9 45
June 6, Evening News Pub. Co., Adv. June, 1907, Exam.....	9 24
June 11, J. MCP. Scott, Sec'y-Treas., Salary, including Office Rent to June, 1907.....	500 00
June 14, A. S. Abell Co., Adv. June, 1907, Examination.....	10 80
June 14, Herbert Harlan, Pres., on acct. Salary.....	75 00

June 19, Subscription Bulletin Amer. Acad. of Med.....	3 00
June 24, Herbert Harlan, Pres., Expenditures attending June Examination.....	20 00
June 24, Jas. W. Bangert, Rent Lehmann's Hall, June, 1907, Examination.....	70 00
June 24, F. W. Janney, Services, June Examination.....	20 00
June 24, S. T. Revell, Services, June Examination.....	20 00
June 24, H. Arthur Stump, Jr., Services, June Examination.....	54 15
July 2, Wm. J. C. Dulany Co., Stationery June Exam.....	20 00
July 22, M. E. Fort, Services June Examination.....	15 00
July 22, Smith, West & Lyons, Services.....	161 77
July 24, E. J. Dirickson, Acct. as Examiner.....	200 00
August 1, H. Arthur Stump, Services Atty., year.....	128 50
August 30, W. M. Dabney, Acct. as Examiner.....	110 45
Sept. 27, Franklin B. Smith, Acct. as Examiner.....	15 50
Sept. 30, Hagerstown Book Bindery Co.....	5 00
October 8, N. G. Keirle, over payt. of transfer fee of P. S. Chancellor.....	15 00
October 31, Sigmund A. Czarra fee refunded.....	9 00
Nov. 6, Chas. H. Martin & Co., printing.....	2 25
Nov. 9, Lucas Bros. Stationery.....	15 00
Nov. 12, Dr. Lake Polan returned fee.....	10 00
Nov. 27, Dr. W. A. Ruble over payt. of fee returned.....	8 40
Nov. 27, C. C. Fulton & Co., adv. Dec. Exm., 1907.....	8 82
Nov. 27, Evening News Pub. Co., adv. Dec. Exm., 1907.....	11 50
Nov. 27, A. S. Abell Co., adv. Dec. Exm., 1907.....	1 50
Dec. 6, B. D. Harrison, Sec'y, 1000 Reciprocity leaflets.....	4 75
Dec. 17, Lucas Bros., Stationery Dec. Exm., 1907.....	11 85
Dec. 17, William J. C. Dulany Co., Stationery Dec. Exm., '07.....	3 00
Dec. 17, Hammond Typewriter Co.....	20 00
Dec. 17, M. E. Fort, services Dec. Exm.....	10 00
Dec. 17, Gustav Caution, Janitor, services, Dec. Exm.....	40 00
Dec. 17, Med. & Chir. Faculty, use of Hall Dec. Exm.....	20 00
Dec. 24, F. W. Janney, services Dec. Exm.....	20 00
Dec. 24, Chas. F. Nolen, services Dec. Exm.....	20 00
Dec. 24, N. B. Scott, 3d, services Dec. Exm.....	75 00
Dec. 24, Herbert Harlan, Pres., on salary Acct.....	8 30
Dec. 30, Lucas Bros., Stationery Dec. Exm.....	
1908.	
Jan. 20, B. W. Goldsborough, Examiner, acct. to date.....	141 65
Jan. 22, Lucas Bros., Rubber Stamps.....	2 25
Jan. 23, E. J. Dirickson, Examiner, acct. to date.....	61 90
Jan. 25, L. A. Griffith, Examiner, acct. to date.....	200 00
Jan. 30, Herbert Harlan, Examiner, acct. to date and salary June, 1908.....	265 01
Feb. 6, Franklin B. Smith, Exm., acct. to date.....	98 75
Feb. 8, Max Ways, Clerk C. C. Balto., list of Regtd. Phys.....	1 50
Feb. 12, Geo. Dowell, Clerk C. C. Calvert Co., list of Regtd. Physicians.....	1 00
Mar. 13, H. Arthur Stump, salary atty. to Feb., 1908.....	100 00
Mar. 13, Hagerstown Bookbindery and Printing Co.....	15 50
Mar. 13, Herald Pub. Co.....	1 75
Mar. 18, W. M. Dabney, Examiner, acct. to date.....	111 25
April 16, J. A. Stevens, Examiner, acct. to date.....	269 50
April 17, Expenses of attendance upon Council of Med. Education, Chicago.....	74 54
April 17, J. McP. Scott, per diem, Railroad fare and Hotel.....	244 00
April 17, Cash disbursements of Secretary for office expenses, telegrams, postage, telephone, Notary Fees and typewriter services.....	167 27
Total expenditures.....	\$3581 77
By balance to close account.....	1743 70 \$5325 47
	\$5325 47 \$5325 47
1908.	
April 17, By cash Balance.....	\$1743 70

COMMITTEE ON SANITARY AND MORAL PROPHYLAXIS.

I may say by way of introduction that the Committee, for which I have the honor to report, was appointed at the last annual meeting of this Faculty as the result of an address by Dr. Morrow. It was instructed to inquire into the advisability of forming a branch of the American Society of Sanitary and Moral Prophylaxis under the auspices and control of the Medical and Chirurgical Faculty

of Maryland, and was empowered, if the conditions warranted it, to organize such a branch Society.

The first clause therefore in the task of the Committee was the ascertainment of the extent of venereal morbidity in this State. The conditions under which these diseases exist are too well known to you to require comment, and you will understand that the only sources of information were first the records of physicians in private practice and second the hospital and dispensary histories. The year 1906 was chosen for study.

In response to a circular letter addressed to the 1200 physicians in this city, 224 replies were received, of which 73 were excluded because of inexactness of statement, leaving 151 from which reliable figures could be deduced. The 151 replies, representing approximately one-eighth of the physicians practicing in Baltimore, when tabulated showed a total of 3090 cases of venereal infection treated in private practice during the year 1906—2195 cases of gonorrhœa and 895 cases of syphilis. That these figures do not adequately represent the sum total of cases treated outside of public institutions is self evident, first because they are based on the reports of only 151 out of 1200 physicians, and second because no account is taken either of the irregular practitioner or of the druggist, to both of whom many a man in ignorance or shame takes his ill for treatment. Nevertheless, the number of venereal infections here reported stands, in the light of present day knowledge, as a colossal monument to the ignorance of those whom we may regard as representing the more intelligent class in the community. Upon further analysis of these figures it was found that the guilty are not alone the ones to suffer, for 202 cases were reported as marital infections, and from an economic standpoint it is of interest to note that 93 cases of syphilis were reported as hereditary.

In going over the Hospital and Dispensary histories it was found that in more than half of these institutions the case records were so incomplete that they could not be used for statistical purposes. The figures given represent the cases admitted to 17 institutions for treatment in year 1906. Only those histories in which a positive diagnosis of gonorrhœa or syphilis was given were used in tabulation. Here we find 4553 cases of gonorrhœa and 1807 cases of syphilis, making a total of 6360.

The relative importance of the figures above mentioned can perhaps best be appreciated by comparing them with the number of cases of infectious diseases reported to the Health Bureau during 1906. If we exclude Tuberculosis, which is as yet not accurately reported, we find that the number of cases of other infectious diseases, namely, scarlet fever, small-pox, diphtheria, typhoid fever, measles, chicken-pox, whooping cough and mumps, amounted to 4294. As opposed to this, the Committee reports 9450 cases of venereal infection. He who runs may read that in the present state of popular ignorance in regard to the danger of venereal infection, quite aside from all moral issues, we have evidence here of a vast amount of preventable disease which in part at least

would be reduced by sane knowledge. It comes well within the province of the physician to disseminate such knowledge.

The results of the investigation thus far given in no wise indicate the percentage of people infected with the disease under discussion. To throw some light on this point the committee went over the past histories of 4,000 medical and surgical cases in the Johns Hopkins Hospital and Dispensary. The histories of males over 21 years were taken, and the statistics report those in which any note was made, indicating that questions with regard to venereal disease had been asked. It was hoped that by examining the past histories of a large number of indiscriminate individuals such as fill our medical and surgical wards some suggestive information as to the percentage number of individuals in our civil population, who have at one time or another been infected with venereal disease, could be obtained. It was found that not less than 46 per cent. of the cases admitted gonorrhœa in their past histories, and that over 10 per cent. gave a past history of syphilis. It is to be understood that the histories investigated were those of patients of various social grades and of all degrees of culture, and would therefore represent on a small scale our civil population as a whole. Since only past histories were studied, it would seem entirely legitimate to apply these figures to the community at large.

The results of the investigation thus briefly summarized were submitted to a number of physicians and laymen in whose rational attitude the committee had confidence, and with their approval and promise of co-operation it was decided to organize a branch of the American Society of Sanitary and Moral Prophylaxis. Accordingly on Friday evening last, April 24th, a meeting for the formal organization of such a Society was held at the Faculty Hall. Dr. O'Donovan presided. Dr. Morrow made the inaugural address, and the Rev. Mr. J. T. Stone, Dr. Lewellys F. Barker and Major J. G. Pangborn indorsed the aims and objects of the Society. The name, "The Maryland Society of Social Hygiene," was chosen, the constitution was adopted and the officers were elected. The Society in our State was thereby formally organized. Dr. O'Donovan was elected president; Mr. Robert Garrett, Dr. V. D. Miller, of Hagerstown, and Dr. Hiram Woods were elected vice-presidents, and Judge Henry Stockbridge, Judge Alfred S. Niles and Prof. Maurice Bloomfield, in conjunction with the members of the Committee on Sanitary and Moral Prophylaxis, were elected to the Executive Committee. Mr. John R. Cary was chosen for treasurer and Dr. D. R. Hooker for secretary.

Owing to the fact that the Committee realized fully the importance of most conservative action on the part of a Society originating under the auspices of the Medical Faculty, they drafted the Constitution in such a manner as to put the balance of power in the hands of the Medical Profession. The Committee hopes thereby to have insured the continuance of a conservative educational Society which may in time work effectively toward the prevention of venereal disease.

D. R. HOOKER, *Chairman*.

THE SOCIETY'S PROGRAM.

A PROTEST.

THE withholding of the program of the Baltimore City Medical Society from publication in the MARYLAND MEDICAL JOURNAL this month and last by the editor of the Faculty *Bulletin* is regarded as extremely reprehensible by those familiar with the circumstance. It was an affront to the entire membership, and especially to those whose subjects for the Section meetings were entitled to the fullest announcement through every legitimate channel. The spirit of autocracy and narrow-mindedness is subversive of the sincere purposes of those who sanctioned the *Bulletin*, and we deprecate any act on the part of the management, through personal pique or otherwise, which might bring reproach upon the honored name of the venerable institution whose interests it should nobly subserve.

Notwithstanding the astounding and unjustifiable attempt by the *Bulletin* management to stifle all sources of information relating to the program, the JOURNAL presents below the only complete sectional list of subjects for the remaining meetings of the month. This achievement is noteworthy in view of the fact that last month the *Bulletin* did not appear till after the meeting of the Clinical Section, although it claimed to be the only constituted source of information, as announced by postal-card notices. That the editor of the *Bulletin* should arrogate to himself these exclusive rights, in view of the existing sacred obligations between the Faculty and the JOURNAL, is debasing the Faculty's medium to personal ends and inducing a degree of disaffection among members whose co-operation and support are sorely needed at this critical juncture in the Faculty's comprehensive plan of organization and development.—[PUBLISHERS MARYLAND MEDICAL JOURNAL.]

SECTION MEETINGS FOR DECEMBER.

CLINICAL MEDICINE AND SURGERY.

Friday, December 4, 8.30 P. M.

"Report of a Case of Tubercular Stricture of the Rectum, With Excision," Dr. S. T. Earle.

"Some Results of Recent Experimental Work in Parathyroids," Dr. W. S. Halsted.

Report of cases, Dr. W. T. Watson.

OPHTHALMOLOGY AND OTOTOLOGY.

Thursday, December 10, 8.30 P. M.

"Careless Refraction Work on the Part of the Oculist," Dr. Samuel Theobald.

"Glaucoma Complicating Nephritic Retinitis," Dr. H. Friedenwald.

Paper, "Case of Mastoiditis, Complicated With Septic Thrombosis of Lateral Sinus and Suboccipital Abscess," Dr. J. J. Carroll.

CLINICAL MEDICINE AND SURGERY AND NEUROLOGY AND PSYCHIATRY.

Friday, December 18, 8.30 P. M.

"Varieties of State Care of the Insane," Dr. H. M. Hurd.

"The Psychoses of Lactation and the Puerpera Period," Dr. W. F. Schwartz.

"A New Clinical Picture of Epilepsy," Dr. W. P. Spratling.

BALTIMORE CITY MEDICAL SOCIETY.

By the Contributing Editor.

THE chief subject discussed at the annual meeting of the Baltimore City Medical Society, held December 1 (Dr. Welch in the chair, temporarily), was the proprietary-medicine question, concerning which Dr. Philip Marvel of Atlantic City delivered, by invitation, an address. After sketching the great benefits which have accrued from the reorganization some years ago of the American Medical Association, which now is one of the greatest and best organized professional bodies in the world, and lightly touching upon the numerous problems which have since been taken up by it, he went on to speak of its action for the control of the proprietary or trade-mark evil. It had long been evident to thoughtful physicians that this business demanded investigation and reform; the shameless falsehoods published by many manufacturing concerns about their products, and their dictation to physicians and medical journals as to the use of the same, were becoming more and more irritating to the profession. Many physicians, it is asserted, were learning to depend in therapeutics almost entirely upon the ready-made products of manufacturers of this type. The druggists were compelled to keep stocks of a very large number of these preparations upon their shelves, never knowing which might be called for by the doctors or self-medicating patients.

The medical journals, established usually by men who were moved by a laudable desire to raise the standard of intelligence in the profession and to keep the doctors informed of progress in medical matters, finding their subscribers indifferent to these high purposes and careless about paying their subscriptions, were compelled either to suspend publication or to depend more and more upon certain manufacturing firms, who willingly paid for advertisements but haughtily rejected any supervision of the same by the editors.

Into this chaos the reorganized American Medical Association came, powerfully aided by the National Government, which worked only toward genuineness of contents in the proprietary remedies. Very much has been accomplished by this combined crusade. The higher grades of manufacturers have willingly corrected any misstatements concerning their products, and have given up all secrecy as to essential ingredients. It is believed in some quarters that the bitterness injected into the contest may now well be permitted to die out. The purpose of the original crusade of the American Medical Association and of the National Government have been accomplished; its further continuance tends only to beget among physicians a contest between the right of private judgment and the compulsion of the association's council. The attempt to force practitioners to give up at once the better class of proprietary preparations which they have used for years, and to which no serious objection can be made, will breed only ill-feeling. Dr. Marvel's excellent address was followed by an address from Dr. Reik, which consisted largely in reading from an excellent little pamphlet issued by the American Medical Association, which for the price of 10 cents can be obtained in full from the association in Chicago. A brief discussion followed.

A very important event in the evening was the presentation by Dr. Harry

Friedenwald in a graceful speech of a fine portrait of the late Dr. George Preston to the society and its acceptance by Dr. Brinton, who had now taken the chair.

The Board of Censors unanimously recommended the following applicants, who were then elected to membership:

Robert B. Bacon, Robert Parke Bay, John McF. Bergland, Fred A. Conradi, H. H. Esker, John F. Hawkins, James Burch Joyce, T. Fred Leitz, William F. Schwartz, J. Holmes Smith, Jr., William P. Spratling, James Henry Stauffer, E. Blanch Sterling, Alfred Wanstall, Walter Dent Wise, Anna D. Schultze.

Dr. Harlan then spoke briefly as the representative of the Faculty's State Board of Examiners in defense of the board's action concerning certain graduates of the Atlantic Medical College, which has occasioned considerable feeling in homeopathic circles.

The society adjourned after passing an amendment to the by-laws declaring the patenting of surgical instruments, etc., by physicians to be incompatible with membership in the society, and electing the following officers for the ensuing year:

President—Dr. Jacob H. Hartman.

Vice-President—Dr. Wm. D. Booker.

Treasurer—Dr. Wm. S. Gardner.

Secretary—Dr. Wm. E. Magruder.

Board of Censors—Dr. Randolph Winslow.

THE MEETING AT HAVRE DE GRACE.

Reported for the Journal.

The Harford Medical Society met at Masonic Hall, Havre de Grace, on Thursday, November 12.

A letter was read from Dr. J. N. MacCormack of the American Medical Association, asking the society to take some action regarding the formation of a National Department of Public Health. Drs. Archer and Van Bibber were appointed a committee to write to Congressman Talbott, asking his influence in Congress.

Dr. R. H. Smith read a paper on "Perforation in Typhoid Fever," in which he urged the importance of early recognition, and said that he was convinced that perforation occurred more frequently than we realize.

Dr. O'Donovan spoke of the importance of organization among physicians, and said that every reputable doctor ought to belong to his county society. In order that laws should be made for the protection of the public health it is necessary that physicians act together, as a few men have not the influence that a society composed of all the physicians in the State would have.

The prevention of tuberculosis and typhoid fever is only possible by having the health officer and the physician working together. The prevention of disease is as important as the prevention of crime, and the work of the health officer as that of the courts.

Dr. Herring showed several photographs of almshouses and jails where insane persons were kept. These could not reveal the actual conditions, as

filth and dirt did not show in the photograph. It is hoped that the State will care for the insane after January, 1911. The counties would save from \$2000 to \$15,000. County taxes would be reduced from two to five cents, and the State tax increased one to two cents. A hospital is specially needed for the negro insane. Montevue, where they are now kept, is a disgrace to a civilized community. There are 75 negro women, many of whom are handcuffed, under the care of one old negress and attended by a negro physician. They have no beds to sleep on, and are kept in a state that is pitiable.

A resolution to indorse State care was read by the secretary and unanimously adopted.

Those present were: Drs. Herring and O'Donovan of Baltimore; Dr. Bratton, Elkton; Drs. Crothers, Lee Hopkins, Dan Hopkins, R. H. Smith and J. J. Woodrow of Havre de Grace; Dr. Bagley of Bagley; Drs. Sappington, Van Bibber and Page of Bel Air.

R. S. PAGE, *Secretary*.

HOWARD COUNTY MEDICAL SOCIETY.

Reported for the Journal.

A dinner was given to the members of the Howard County Medical Society Tuesday, November 11, at the Howard House, Ellicott City. The following members enjoyed the very good dinner and social gathering: Drs. Cissel, Byrne, Gambrill, Stone, Tumbleson, Eareckson, Williams, Hebb, Fort, Norton and Miller.

The public meeting on tuberculosis under the auspices of the society, held in Rodey's Hall, Friday evening, November 13, was a success. Very able addresses were given by Drs. Gichner and Wilson of Baltimore. About 150 people were present. The next meeting will be held in January; subject, "State Care of the Insane."

F. O. MILLER, *Secretary*.

ELKTON'S NEW HOSPITAL.

Contributed to the Journal.

THROUGH the efforts of Dr. Howard Brattan, president of the Board of Health of Cecil county, a hospital has been equipped and opened for service at Elkton, Md. The enterprise presents not only a scientific but a substantial side as well, inasmuch as the doctor succeeded in enlisting the interest of public-spirited citizens, who subscribed liberally to the endowment of the institution.

In addition the county made an appropriation for the establishing of the institution. The enlarged and remodeled buildings are well located, and the general equipment is said to be very complete. The new hospital management gained real incentive and inspiration from an address delivered by Dr. Henry M. Hurd, superintendent of the Johns Hopkins Hospital, previous to the opening. Accommodations are provided for 26 patients. The total expenditure amounted to about \$25,000.

A noticeable feature of this hospital is that all patients cared for by it may continue under the treatment of their home physicians if they so desire.

FROM THE COUNTIES.

By a Staff Member.

WE publish elsewhere the reports sent to us from two of the county societies. Of the progress made in other counties we can give but a brief suggestion. It is pleasant to see Harford resume the honorable position it held in olden times, when in the fertile district adjacent to the Susquehanna Dr. Archer, the first graduate of medicine in America, practiced there and drew around him in a little medical society whose minutes are now in the keeping of the Faculty the earnest young physicians of that region. It would be an inspiration to each member of Harford's present live society to call at the Library when next he comes to town and look over these ancient minutes and papers, which are very good reading indeed.

Howard county, with its numerous well-to-do practitioners, presents a good report, though we would it had been more detailed.

Allegany leads the counties at present with the new idea of post-graduate studies in the society meetings. It is a great scheme and other counties are watching its application with intense interest. A symposium on typhoid fever was the subject of special study recently. There is no doubt of the need by physicians everywhere of opportunities throughout life for definite class-study of new and old clinical themes. Occasional visits to great medical centers are too brief for the purpose. Post-graduate classes, where mind may meet mind in common study, or where addresses from masters of medical research may be heard, will not only keep up the tone of medical practice, but weld the local physicians into a compact body of men enthusiastic for everything that promotes the welfare of the profession or of the public.

Being, as it is, the literary medium of the whole profession of the State, the MARYLAND MEDICAL JOURNAL will record with interest this good work as county after county takes it up.

Communications from the American Medical Association have been addressed to each of the constituent societies on behalf of the movement for the establishment of a National Department of Public Health, which has been already referred to in this JOURNAL. This is a movement worthy of the earnest attention of every reader. The vastness of our public sanitary interests, as witnessed by the daily devotion of whole columns in the public press to them and their interstate ramifications, demand co-ordinated supervision of some sort, either through extension of the excellent Marine Hospital Service or by some new agency. In our legislative bodies also, both State and national, members chosen at the instance of the medical societies, especially with reference to their sanitary knowledge, should be ready to take the initiative in all matters belonging to this department.

Tuberculosis received some attention, of course, especially in the Frederick County Society, as did also the important movement for the gathering the insane of all the counties into great State hospitals and asylums.

[NOTE.—The editors of this JOURNAL will be glad to receive for publication items of personal or general character from county physicians throughout every section of the State as a means of enlivening social interest and promoting the professional welfare.]

INTERNATIONAL ASSOCIATION OF MEDICAL MUSEUMS.

Reported for the Maryland Medical Journal.

THE second meeting of the International Association of Medical Museums was held in the National Museum, Washington, on October 18 and 22, in connection with the International Congress of Tuberculosis. This association, formed for the furtherance and promotion of the efficiency of medical museums as storehouses of material useful for teaching and for research, as well as for recording the results of research, will also serve as a medium for the interchange of specimens and for the discussion and publication of technical methods useful in such work. To aid in making this work more generally available a bulletin is published in which the papers communicated will appear and through which exchanges may be effected.

All persons engaged in or interested in the work of medical museums are eligible for election to membership in the association, and the list of members is already large and includes many prominent pathologists and medical men from all countries of the world.

At this meeting Dr. W. G. MacCallum was elected president to fill the place vacated by the death of Major James Carroll, the first president, and Dr. Maude E. Abbott of McGill University was made secretary and treasurer. Besides the transaction of business and the discussion of questions of organization and policy the following papers were presented:

Dr. W. G. MacCallum, Baltimore—On "The Preservation of the Results of Research as Material for Medical Museums."

Dr. M. E. Abbott, Montreal—On "The Classification of Museum Specimens."

Professor Arloing and Professor Courmont of Lyons—"Demonstration des photographies en couleur des pièces et des coupes microscopiques."

Professor Souchon, New Orleans—"Preservation of Museum Specimens in Their Natural Color."

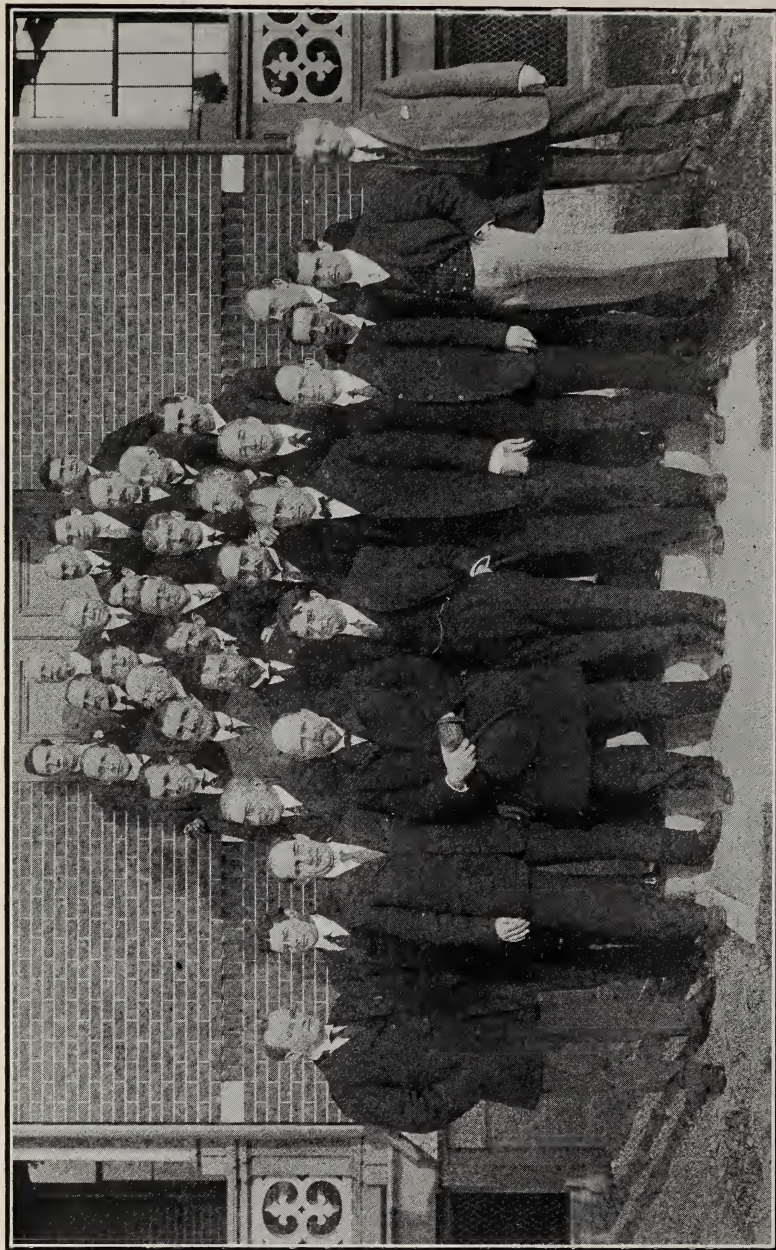
Dr. Watters, Boston—"Demonstration of Methods of Mounting Specimens in Gelatin."

Mr. E. L. Judah—"Methods of Mounting Museum Specimens." (Presented by Dr. Adami, Montreal.)

Mr. Izzard, Cambridge, England—"A Rapid Method of Macerating Bone."

Dr. Warthin, Ann Arbor—"Demonstration of a New Form of Museum Jar."

Dr. Abbott, Montreal—"Demonstration of Anomalies of the Heart."



[Photograph made expressly for the *Maryland Medical Journal* by Waldeck.]

CHARTER MEMBERS OF THE MARYLAND PSYCHIATRIC SOCIETY

Left to right, *front row*—George F. Sargent, R. Martin Bruns, Arthur P. Herring, J. Clement Clark, William R. Duntton, Jr., Alfred T. Gundry, Jesse C. Coggins, Francis M. Barnes, Henry W. Kennard, Horace M. Simmons. *Second row*—Frank W. Keating, Lewis F. Gundry, Walter S. Carswell, Hugh H. Young, Richard F. Gundry. *Third row*—William P. Spratling, Samuel J. Fort, Henry J. Berkley. *Fourth row*—William B. Cornell, Edward N. Brush, George M. Franklin, Henry M. Thomas, George H. Riggs. *Fifth row*—W. Rushmer White, N. Trigrant Burrow, Charles B. Ensor, Henry M. Hurd. *Sixth row*—Frank J. Flannery, —, Bullard, J. Percy Wade. *Seventh row*—Newdigate M. Owensby, Charles G. Hill, R. Percy Smith, William F. Schwartz, Thomas A. Harley.

ORGANIZATION OF THE MARYLAND PSYCHIATRIC SOCIETY.

MINUTES of the meeting held at the Sheppard and Enoch Pratt Hospital Friday, November 6, 1908.

A photograph was taken on the steps of the Men's Building for reproduction in the MARYLAND MEDICAL JOURNAL. [See opposite page.]

Lunch was served in the new dining-rooms of the hospital, after which the meeting was held in the auditorium.

Dr. Hurd was called to the chair, and Dr. W. R. Dunton, Jr., was elected secretary. It was stated that the object of the meeting was the formation of a society composed especially of those interested in the care of the insane.

Dr. Charles G. Hill said that such a society was needed and should very properly be formed, and urged the necessity for State care, believing that it would be well to draft a bill for the next session of the Legislature; that the experience of the men interested in the care of the insane would be valuable in the drafting of such a bill, and pledged his personal support.

Dr. Young spoke for the Lunacy Commission, regretting his inability to appreciate the scientific work which might be done by the society, but affirming his interest in the move for better care of the insane.

Dr. Spratling dwelt especially upon the necessity for organization, and referred to the "whirlwind" movement which had been inaugurated in New York State. He regretted his lack of familiarity with the local conditions, but was willing to do everything he could to foster such a movement.

Dr. Herring also spoke upon State care, especially regarding the tax levy, stating that in the various counties from \$2000 to \$15,000 was expended for the support of the insane, and that this meant a 5 or 10 cent increase in the tax rate. He believed that with State care an increase of but one cent would be necessary, and stated that the State Comptroller was already working upon this question, also that the State Treasurer was very much interested. He further spoke of a number of public meetings which have been planned with stereopticon views in order to educate the general public regarding the condition of the city and counties. [See Itinerary, page *a*.]

Dr. Dunton stated that the object of the society had been primarily the formation of an association to insure greater intimacy among hospital men, as they were unable to attend the meetings of the neurological section of the Faculty regularly, and that he hoped this primary object would not be lost sight of in what seemed to be a greater one—that of fostering the State care of the insane.

The proposed constitution was then read and adopted.

Dr. Carswell then moved that a committee, composed of Drs. Brush, Clark and Wade, be appointed as an advisory committee to confer with a similar committee of the neurological section of the Faculty and the Lunacy Commission.

Dr. Hill stated that so far no permanent chairman or secretary had been appointed, and moved that the present officials be made permanent, so far as the constitution provides, the chairman to serve for one year.

Dr. Herring announced the preparation of a manual by the Lunacy Commission containing the lunacy laws of the State and other information.

Meeting adjourned.

W. R. DUNTON, JR., Secretary.



WILLIAM H. WELCH, M.D.
President.

MARSHALL LANGTON PRICE, M.D.
Secretary.

D. HOWARD BRATTON, M.D. LOUIS A. GRIFFITH, M.D. JAMES BOSLEY, M.D.
DOUGLAS H. THOMAS, JR. HON. ISAAC LOBE STRAUS.

Under the Direction of the Secretary of the State Board of Health.

OPERATION OF THE TUBERCULOSIS LAWS IN MARYLAND.

ABSTRACT OF AN ADDRESS TO THE ELMIRA ACADEMY OF MEDICINE AT THE STATE CONFERENCE OF CHARITIES AND CORRECTIONS OF NEW YORK STATE, NOVEMBER 14, 1908.

IN the year 1904 the Legislature of Maryland passed two laws, which were destined to play an important part in the antituberculosis movement in the State, as well as to exercise an important influence in tuberculosis legislation, both in Maryland and in other parts of the United States.

The first of these acts made tuberculosis a notifiable disease. The officials charged with notification were the superintendents of hospitals, dispensaries, schools, reformatories, other institutions and physicians having under their care any cases of pulmonary or laryngeal tuberculosis. A very important provision of the law was that securing secrecy of all records. A penalty for failure to notify the State Board of Health of any case of pulmonary or laryngeal tuberculosis was imposed by the act upon superintendents and physicians. The letting for hire of any apartments previously occupied by a consumptive before disinfection was made a misdemeanor by the act.

The provisions of another act by the same Legislature are now widely known as the "Maryland System." A part or all of its provisions are now incorporated in the statute books of many of our American States. This legislation was considered at the time extremely radical, and many predictions were made by our Maryland Jeremiahs of the dire consequences which would follow the enforcement of such a law. During the four years this law has been in effect these prophecies have failed to materialize.

Registration is the fundamental step in the execution of the tuberculosis law. The rights of the individual and of the community should each be held sacred within their respective spheres, but wherever they conflict, the rights of the community should always take precedence.

In our legislation in Maryland we have tried to safeguard both the individual rights and those of the community, and I may say, after four years' experience, that I have never found any real conflict between them. It was alleged before this law went into effect that patients would object strenuously to having their cases registered. This idea has absolutely proven without foundation. In numerous cases patients, in order to receive prophylactic supplies, have come into the office of the State Board of Health and registered their own cases, and in other cases have censured their attending physicians for failing to record their cases. In the State of Maryland,

as in the State of New York, the physician is licensed to pursue a dangerous occupation involving the handling of certain dangerous materials, to wit, infectious diseases, *only upon condition that he handles them in a manner conforming to law.*

In the State of Maryland objections on the part of the profession to registration have practically disappeared, and I have yet to meet with a case of any opposition on the part of the patient. There are now about 5000 or 6000 cases on file representing all classes of the community, and comprising the bulk of the tuberculous persons in this State. So much for registration.

The disinfection of premises is under the control of local boards of health, but close supervision is constantly maintained by the central office. A list of deaths from tuberculosis is sent out monthly from the office of the State Board of Health to the local health officers, upon which they are required to check up premises which have been disinfected. In the case of one town board of health, which persistently refused or neglected to disinfect after death or removal of tuberculous persons, I wrote a letter informing them that unless I received a satisfactory communication from them by a certain date I would institute mandamus proceedings to compel the disinfection of the premises in a number of cases of which I had compiled a list. Needless to say, I received a telegram notifying me that all the premises in question had been disinfected. To a local jurisdiction engaged in the study of the principles and practice of parsimony, the financial mode of attack seldom fails to appeal.

With the exception of disinfection, the execution of the tuberculosis laws of Maryland lies in the hands of the State Board of Health, and all registrations throughout Maryland are made direct to the Board. This plan of centralization has been very successful in Maryland, but I do not believe it would be equally so in New York State. In Maryland about half of the population of the State is in Baltimore city, and this city is very nearly the geographical center of the State. For these reasons it has been possible to execute the tuberculosis laws under an extreme degree of centralization.

The *extensive* method of spread of tuberculosis, to casual associates and the general public, is relatively unimportant, and our efforts, therefore, should be directed toward the *intensive* methods of propagation, that is, to members of the household and family of the patient. We have as soon as the question of prevention arises, no longer a sick individual, but a "sick family."

As far as the statutory control of tuberculosis is concerned, the problem resolves itself into the question of *protecting the non-tuberculous members of a tuberculous family.* While it is true that legislation cannot alone meet this problem, I believe that it is undoubtedly the best means at our command. After the requirements of the law concerning prophylactic measures have been met, a legal fee of \$1.50 is paid to the physician out of the State Board of Health's tuberculosis appropriation.

The State also furnishes free of cost the necessary prophylactic supplies for use in the infected household. The package of supplies for one quarter contains 75 sputum cups, half a pound disinfectant, two waterproof pockets, 200 Japanese paper napkins and one cup holder. We have now in Maryland 88 stations for the issue of tuberculosis prophylactic supplies upon requisition of attending physicians. We have about an equal number of stations

for sputum mailing outfits for diagnosis, and the number of both classes of stations is rapidly increasing.

The "sanatorium method" is theoretically a simple and direct method of controlling tuberculosis, and would bid fair to be the whole solution of the problem if it provided against human nature, but it has two serious objections: First, the bulk of tuberculous persons will not go to institutions; second, the bulk of tuberculous persons will not stay in institutions. Osler has estimated that 90 per cent. of persons with tuberculosis must be treated in their own homes, and I consider his estimate very liberal. The number of persons dying in institutions of all classes, including penal institutions, has never exceeded 2 per cent.

Section 1, Chapter 399 of the law, provides that "Any person affected with any disease whose virus is contained in the sputum, saliva or other bodily excretion, who shall so dispose of his excretions as to cause offense or danger to any person occupying the same room or house, shall, on complaint of any person subjected to such danger, be deemed guilty of a nuisance." * * * "It shall be the duty of the Commissioner of Health or of any local health officer * * * if it appears that the nuisance complained of is such as to cause danger to any person occupying the same room or house, to serve notice upon the person complained of * * * requiring him to dispose of his excretions in such manner as to remove all reasonable cause of danger." Failure to comply with such an order is a misdemeanor, and a fine of \$10 is imposed, upon conviction, for violation of the order of the health officer. That this principle is a sound one is shown by its adoption in the sanitary codes of a number of American States subsequent to 1904, not only for tuberculosis, but for other infectious diseases. Indeed, the Maryland law provides that "the requirements of this section shall apply to pulmonary and laryngeal tuberculosis, pneumonia, influenza, and such other diseases as the State Board of Health may from time to time determine to be communicable by means of sputum, saliva or other bodily secretion or excretion."

If I were asked to state the most desirable result of the execution of this law, I could hardly give second place to its indirect effect upon the practice of physicians in Maryland. The moral effect upon the physician of the existence of a law placing upon him the responsibility of the protection of the members of the family in which he is attending a case of tuberculosis cannot be overestimated. Before this law went into effect scarcely 2 per cent. of the physicians in Maryland realized that they had any duty towards the members of the family which they were attending, excepting to prescribe drugs for the patient.

The following are the number of deaths from pulmonary and laryngeal tuberculosis in Maryland from 1904 to 1907, inclusive: In 1904, 2669; in 1905, 2388; in 1906, 2335, and in 1907, 2331. Previous to 1904 the death rate in Maryland was stationary, or slightly on the increase.

Though I have devoted my paper mainly to the statutory control of tuberculosis, I would not be understood as failing to appreciate the importance of other agencies in Maryland or elsewhere. I have always felt, and still feel, that legal regulation is the most important of any of the agencies in the fight against tuberculosis. I do not believe, moreover, that any State, province, city or nation can really deal with tuberculosis in an effective way without legal regulation.



JAMES BOSLEY, M.D.,
Commissioner.

C. HAMFSON JONES, M.D.,
Asst. Commissioner.

THOS. L. RICHARDSON, M.D.
Asst. Commissioner,
Quarantine.

J. W. M. KIGER, Secretary.

Bacteriological Laboratory:
WM. ROYAL STOKES, M.D., Director.

Chemical Laboratory:
W. E. HOFFMAN, JR., Ph.D., Director.

This Department is Under the Direction of the Commissioner of Health

RELATION OF PHYSICIANS TO MOR- TALITY STATISTICS.

IN 1903 W. A. King, Chief Statistician for Vital Statistics, issued a circular with the above caption through the United States Census Office, a copy of which was sent by the Baltimore City Health Department to every physician in this city. I hope that the circular was read and preserved for future use, as its author requested.

Anyone, however, whose duty or privilege it is to review the death certificates received by this Department will readily recognize that while there has been during the past 10 years an improvement in the accuracy and definiteness of statement of the cause of death over previous years, yet there is much room for improvement. Every day much time is consumed by Mr. A. D. Thompson, our statistician, and much annoyance is given the physicians by his efforts to obtain clear and exact statements as to the cause of death. This can all be avoided if our physicians would take as much care in writing the death certificates as they do their prescriptions.

Why should physicians take such care? First, because the law requires it. Second, because the Federal Government desires it.

First, because the law requires it. Our law says in part: "It shall be the duty of the physician who attended during the last illness of such deceased person to furnish within 18 hours after the death, to the undertaker having in charge the preparation of the body for burial, a certificate setting forth, as far as the same can be ascertained, the full name, age, sex, color, nativity, occupation, whether married or single, duration of residence in the city of Baltimore, cause, date and place of death and duration of last sickness of such deceased person, etc." This is a part of the law that made the burial of a human body without a permit from the health office a penal offense. It was passed in 1874, after many years of pleadings by Baltimore health officers. Previous to that time the only records of death and burial were those kept by undertakers, sextons and superintendents of burial grounds, which were scattered, incomplete and imperfect. As a result, we

really did not know the number of people who died annually, and the causes of death of those that were recorded had to be classified as follows:

REPORT OF INTERMENTS IN THE CITY OF BALTIMORE

From January 1 to November 1, 1872.

Disease.	Total Deaths	Disease.	Total Deaths.
Amputation.....	1	Hip disease.....	1
Abscess.....	3	Homicide.....	4
Apoplexy.....	35	Inflammation of bladder.....	9
Asthma.....	29	Inflammation of bowels.....	67
Bright's disease of the kidneys....	4	Inflammation of brain.....	257
Bronchitis.....	33	Inflammation of kidneys.....	25
Burn.....	28	Inflammation of lungs.....	311
Cancer.....	36	Inflammation of liver.....	28
Casualty.....	64	Inflammation of stomach.....	11
Cerebro-spinal meningitis.....	53	Inflammation of womb.....	7
Child-bed.....	138	Intemperance.....	10
Chicken-pox.....	3	Jaundice.....	5
Cholera infantum.....	638	Lockjaw.....	12
Cholera morbus.....	37	Manlapotu.....	3
Colic.....	60	Marasmus.....	8
Concussion of the brain.....	4	Measles.....	155
Congestion of the brain.....	48	Mortification.....	5
Congestion of the lungs.....	13	Neuralgia.....	1
Congestion of the bowels.....	1	Old age.....	250
Consumption.....	815	Organic disease of the heart.....	144
Convulsions.....	263	Palsy.....	102
Croup.....	146	Pleurisy.....	11
Dropsy.....	175	Poison.....	5
Dropsy in the head.....	97	Quinsy.....	3
Diarrhea.....	9	Rheumatism.....	44
Dyspepsia.....	8	Scrofula.....	18
Debility.....	23	Smallpox.....	896
Drinking cold water.....	2	St. Vitus' dance.....	1
Drowned.....	48	Stone in bladder.....	2
Dysentery.....	67	Suicide.....	9
Diphtheria.....	100	Spinal affection.....	51
Enlargement of the brain.....	1	Suffocation.....	1
Exposure.....	3	Teething.....	293
Erysipelas.....	32	Thrush.....	17
Fever—Bilious.....	58	Tumor.....	18
Fever—Catarrh.....	154	Sunstroke.....	44
Fever—Congestive.....	25	Unknown cause, adult.....	126
Fever—Gastric.....	14	Unknown cause, infantile.....	841
Fever—Intermittent.....	72	Uterine affection.....	1
Fever—Scarlet.....	109	Ulcer.....	3
Fever—Typhoid.....	182	Violence.....	1
Fever—Typhus.....	1	Whooping-cough.....	56
Gunshot wound.....	1	Worms.....	8
Hemorrhage.....	25		
Hydrophobia.....	1		
Hernia.....	8	Grand total.....	7546

It must be obvious to every one that such a record is almost valueless to health officers and to the public, more especially when you consider the items "amputation, abscesses, asthma, bronchitis, colic, congestion, dropsy, dyspepsia, debility, cold water, hemorrhage, inflammation, mortification, old age, spinal affection, teething, ulcer, worms," and especially the "unknown causes," both in the adult and children. Such reports, and even worse, have been the sole records of facts from the beginning of our local Health Department in 1797 up to 1874, when the people responded to the urgent requests of the health officers, and passed the burial and registration ordinance. This was done because the people appreciated the fact that if their health officials were to be of value in the prevention of disease it was necessary to present to them such facts as they needed for their guidance.

The late Dr. James A. Steuart, who was Health Commissioner in 1875, in his annual report, wrote as follows:

"The value of the ordinance establishing the Bureau of Vital Statistics,

passed during the autumn of 1874 and going into operation the first day of January, 1875, has, during the 10 months to date, been clearly demonstrated, * * * our chief regret being that this record was not undertaken 20 or more years ago."

A glance over the mortuary tables of 1875 shows the improvement in detail of which Dr. Steuart spoke. Since that day the improvement in the education of the physician has enabled him to make more exact diagnoses, which has resulted in a marked improvement in the certificates of death as far as cause of death is concerned, but there is yet a great improvement needed in the appreciation on the part of the physician as to the necessity of descending to the notice of apparently small details in our death certificates.

The character of a physician may be discerned in the manner of making out the certificate.

First. The one who makes out the certificate as thoroughly as he would make out his diagnosis of a disease. Every question is answered accurately and with precision. He has made out the certificate as a completion of his record of the case, fully appreciating its legal and scientific importance.

Second. The one who is careless and considers it too much trouble to make out the certificate. He gives as little to help in the classification as possible. He gives "Pneumonia" as the cause of death even when the patient has been ill for weeks.

Third. The one who has to make out the certificate because the undertaker has called for it several times. He does so hurriedly, inaccurately, and doesn't care whether it is right or wrong, just so he gets rid of it. "Heart Failure" and "Cardiac Syncope" comes in handier than anything else.

I feel very sure that many physicians do not appreciate the fact that the death certificate is a document demanded by law of the city, and that it may have to be presented as evidence in court at any time, and that a correct certificate is demanded of him as much as making a sworn statement before a magistrate. The people demand it by the enactment of the law, and it is our duty as citizens to obey the law in every particular.

Second. Because the Federal Government desires it.

No man can isolate himself and amount to any importance. None of us who has ambition in the slightest but must come out and rub against his neighbor. No city of individuals can afford to ignore the ever increasing demand for information which is made by cities of each other, and there is no better clearing-house for such information than the Federal Government at Washington. Every week all of the important cities in the Union send a statement of the record of its vital statistics to Washington, where they are tabulated and sent in weekly and special publications to cities of this country and abroad. These reports of vital statistics from cities are reviewed by trained men in the Government service, and they can quickly detect the incomplete and careless work as well as the good work, and they, not being hampered by personal friendship or political preference, do not hesitate to show one the weak, imperfect features in municipal vital statistics.

Therefore, we of the Health Department, are anxious to hold our city in

the front rank of first-class work and meet every demand made upon us, so that every physician can feel proud of being a Baltimorean.

But your health officials can do no more than the physicians permit us. If they do not give us all the information asked, and as correctly as possible, just to that extent our reports to Washington will fall below the standard.

Every effort that has been put forth by the Federal Government officers has received the endorsement of the American Medical Association and the American Public Health Association. Therefore, the effort by the Government to obtain good vital statistics laws in every city and State in the Union and their proper enforcement, is receiving the powerful backing of these two associations, and physicians who are members of those associations or as members of local medical associations, which are but parts of the A. M. A., should exercise their personal influence in obtaining correct vital statistics in their respective communities. The correctness of our vital statistics depends absolutely on the individual physician. The better educated he is, the more care he bestows upon the making out of death certificates, the better standing will Baltimore have among up-to-date cities. Let not the capable physician be deterred from making his best efforts to attain a high standing for our city by the ignorant and the wilfully-negligent physician, who cannot or will not do that which is asked of him, because for a time allowance can be made for error from such sources, and Time will soon eliminate him altogether.

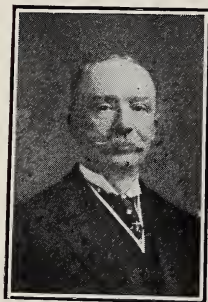
C. HAMPSON JONES,

Assistant Commissioner of Health.

Book Reviews.

THE CENTENNIAL CELEBRATION OF THE FOUNDATION OF THE UNIVERSITY OF MARYLAND, 1907. Memorial volume. Published by the Williams & Wilkins Company, Baltimore.

In the memorial volume before us, issued on the occasion of the centennial celebration of the foundation of the University of Maryland, we are presented with the record of a notable era in the life history of that great school, looking not only to an honorable past, but also forward, it is hoped, to a still more noble future. The volume is prefaced by a really beautiful representation of the ancient medical hall, within whose portals her sons were now gathered, the original photograph having been taken during the centennial for the pages of this JOURNAL. Next, as is fitting, we find a very fine portrait of Governor Warfield, representing at once one of the leading families of the olden time and the highest authority of our State.



DR. HEMMETTER

The centennial ceremonies included class banquets and a massmeeting in Maennerchor Hall, in which all of the departments of the University were impressively represented and addresses of great value were made.

Most notable, perhaps, was the address by Dr. Samuel C. Chew, the

learned professor of materia medica and a Shakespearean scholar, whose father, holding the same chair before him, entered the university as a student shortly after its foundation.

Next in importance, perhaps, was an address, not so much of retrospect as of anticipation, by Dr. John C. Hemmeter, professor of physiology, whose musical works are well known to his fellow-citizens, and whose enthusiasm as promoter of the celebration and as editor of its memorial volume had much to do with the success of the anniversary. Frankly reviewing present conditions, he goes on to sketch large things for the future. In this vision he foresees a stock company organized for the purpose of purchasing in the northwestern section of the city a new site on which modern medical and surgical wards, lecture halls, laboratories and a library and administrative building shall be erected. The ample grounds will furnish sites also for the needs of the dental faculty and other associated faculties of the university. In this new location provisions may be made for the housing of students in a much more wholesome way than at present. Retaining portions of the present plant as an emergency hospital, the university can dispose of the rest very profitably for business sites. With these enlarged plans it may also claim a share in the large funds of the Carnegie and Rockefeller educational endowments.

There is no doubt that Dr. Hemmeter in this address struck the keynote of the University's future possibilities. It must either remain much as it is, in competition with an increasing number of struggling private medical schools, or, in view of its great possibilities, stand forth boldly as the one State university of the broad, time-honored type. Receiving, then, ample endowments from the funds already mentioned, from the State, from its alumni and from other Marylanders, it will be able to gather to itself by gradual affiliation the best elements of the institutions now rivaling it and to enter on a new era of usefulness, for which it was originally planned by its founders.

It is quite impossible for us to review in detail the many interesting assemblies and addresses of the centennial. We must refer the inquirer to the handsome volume gotten up by Dr. Hemmeter and the committee.

Eight thousand engraved invitations were sent out to all living alumni throughout the world. The response was the gathering of thousands to the celebration. Many others sent regrets, and academic greetings were received from sister universities in every part of America and from foreign lands. An especially pleasing feature of the celebration was a pilgrimage down the bay to Annapolis for the purpose of presenting to St. John's College (the Department of Arts and Sciences) a bronze memorial shield in commemoration of its affiliation with the university.

THE PHYSICIAN'S VISITING LIST FOR 1909, Philadelphia: P. Blakiston's Son & Co.

This attractive little pocket list has now reached the fifty-eighth year of its publication, a sufficient testimonial to its adaptation to the needs of the practitioner. In addition to the visiting lists and pages for special memoranda of various sorts, it contains the usual chapters of directions and caution to the physician. It is issued in different styles for from 25 to 100

patients a week; also a perpetual edition without dates, and a monthly edition. The cost is from \$1 to \$2.25, according to style, without discount, and it will be sent to any address, price and postage prepaid. The annual volume before us, neatly bound in black, for 25 patients a week, can be had for \$1.

THE SURGERY OF THE EAR. By Samuel J. Kopetzy, M.D., Attending Otol-
gist New York City Children's Hospitals and Schools and to the Red
Cross Hospital; Pathologist and Surgeon, New York Throat, Nose and
Lung Hospital, etc. New York: Rebman Company. 1908. Cloth, \$4.

The surgery of the ear, so long practiced in common with other specialties of surgery, has now developed in extent and in refinement of technique to such a point that it is probable we shall in the near future have many surgeons of the first grade who shall devote themselves exclusively to it. The volume before us by Dr. Kopetzy is sufficient evidence of this progress.

Limiting himself to this small but extremely important field, the author has space for the leisurely development of every nook and corner of it, yet refuses everything except that which has a definite bearing upon the operations in question. Great attention is given to the surgical anatomy of each part, and here much light is thrown upon the text by the beautiful plates, some of them taken by permission from Siebenmann, Bardelaben, etc.; others most delicately drawn for this work by K. K. Bosse.

Chapters are given on the operations of the external canal; on paracentesis; aural polyps, and operations to improve hearing in dry middle-ear lesions and ossiculectomy. We then pass on to a consideration of the simple mastoid operation, to which 20 pages are devoted; the radical mastoid operation, 55 pages; the surgery of the labyrinth, 60 pages; operations on the blood vessels, internal jugular vein and lateral sinus, 20 pages; the surgery of the meninges, 40 pages; the surgery of otitic cerebral and otitic cerebellar abscesses, 30 pages; paralysis of the facial nerve, 10 pages.

Although but occasionally applicable to diseases of the ear, yet, on account of its importance in these few cases, a chapter is given (30 pages) to lumbar puncture, which is discussed as an aid to diagnosis and as a therapeutic measure, with careful description of its technique. The author approves of its use for the finding of tubercle bacilli in the diagnosis of ear diseases from other forms of meningitis. He says that in selected cases for the relief of vertigo and tinnitus there certainly appears to be evidence at hand that the procedure is of benefit, and occasionally the deafness has been improved to a considerable extent.

Finally, two pages are devoted to puncture of the ventricles in cases of serous meningitis which follow otitic disease, and directions are given for the puncture from the mastoid wound cavity during the operation for disease in the temporal bone.

We are especially impressed by the deliberation with which the author discusses the radical mastoid operation. Very careful attention is given to the counter-indications for the operation with the differential diagnosis between cases of dangerous and comparatively non-dangerous chronic purulent otitis, to the proper time for operation and the objects of the operation.

In the case of the adult the Stacke procedure is compared with the Zaufal

operation. The field of operation is then minutely described, with illustrative cuts. The author then takes up the operative procedure on the infant and young child. Three pages are next given to the radical operation in which the ossicles are retained, another three pages to accidents occurring during the radical operation and a page to faults of technique. After different flaps have been considered, the after-treatment, with or without tamponade, receives attention.

Many other points might be noted, especially the thoroughly practical bibliography. It is probably an era-making treatise on the narrowing specialty. The publisher's work is beyond criticism.

MANUAL OF ANATOMY, SYSTEMATIC AND PRACTICAL, INCLUDING EMBRYOLOGY. By A. M. Buchanan, M.D., C.M., F.F.P.S., Glas., Professor of Anatomy in Anderson's College, Glasgow; Examiner in Anatomy for the Triple Qualification of the Scottish Licensing Body, Etc. In two volumes, each \$2.75 net. With over 600 illustrations, mostly original and in colors. Chicago: W. T. Keener & Co. 1907.

The ambition of the author to furnish students with a complete treatise on anatomy, practical and systematic, written entirely by himself, has been brought to fruition in the work now presented to the profession and dedicated by permission to Lord Lister, under whose direction the author's earlier studies were prosecuted. With the description of each organ or region is given also a complete dissecting guide. Throughout the whole work the author, long experienced not only as a teacher, but as an examiner on various boards, has kept constantly in view the examination requirements of students, for whom this work is specially intended.

The book, as issued in America, is bound in English linen buckram, more durable than leather, and permitting of cleaning when soiled.

THE CURE OF RUPTURE BY PARAFFIN INJECTIONS. By Charles C. Miller, M.D. Price \$1. Chicago, Oak Printing Co., 9 Wendell street. 1908.

This little book of 80 pages is a plea for the application to small hernias of the paraffin method used also by the author for the correction of featural imperfections. The author claims that the admitted uncertainty of the method in some cases is more than counterbalanced by its simplicity, reinforced by the possibility of remedying later by surgical methods any faults which may remain. He admits that it is vehemently objected to by surgeons who prefer the open operation, but maintains that these protests arise either from unreasonable prejudice or from inexperience with the method, which he thinks will be willingly accepted by many patients who shrink from cutting operations. Directions for gaining experience in the method before using it upon the human and the details of the injection complete the contents of the book.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, DECEMBER, 1908

NOTE—*A complete index to this volume will be issued with the January number of the Maryland Medical Journal.*

THE PANDEMIC OF PLAGUE.

A DISEASE juncture which demands the issue of a special pamphlet by the Surgeon-General of the United States, such as that recently prepared by the Assistant Surgeon-General, J. M. Eager, is surely deserving of attention by our readers. The pandemic of plague is not at a standstill, but is still extending. Beginning in China in 1894, it has year by year extended to a larger portion of the earth's surface, including our own favored country. At the end of 1907 forty-eight of the countries of the earth had thus become plague-infected.

At the time of the issue of the pamphlet in July, 1908, four more countries—Ecuador and Venezuela in South America, the British Gold Coast in Africa and an island of the Azores—had been added to this list, making a total of 52 infected countries. In India in 1907 there were 1,400,000 cases, with a death-list for this epidemic of 1,200,000—six out of seven. In Glasgow, Scotland, which had small epidemics in 1900 and 1901, two cases, not directly traceable to shipping, were found again in 1907. The disease appeared on our own Pacific coast in epidemic form in 1900, with 22 fatal cases in San Francisco. In eight years since then, in spite of most strenuous efforts on the part of the local authorities and of the National Marine Hospital Service, we have not been able permanently to dislodge it from that region.

LABORATORY PLAGUE.

A very noticeable incident in this pandemic of plague is the number of cases which have occurred among laboratory workers and attendants in countries where it was not at the time epidemic. In 1898 a laboratory attendant died thus infected at Vienna, and a physician and a nurse who cared for him likewise died of the plague. In 1900 at the bacteriological laboratory at Ann Arbor

a student caught the plague from cultures of the bacillus with which he was working, but recovered. In Berlin in 1903 a physician caught the plague in the same way and he and his nurse both died. At Cronstadt, Russia, a similar case occurred in 1904 and two more there in 1907. Two of these patients died.

THE PLAGUE RATS.

In San Francisco the epidemic of 1907 began with a single imported case in May, and the second case occurred in August. In the intervening months there are believed to have been quite a number of cases in the hands of physicians not familiar with the plague, who diagnosed them "rapidly fatal pneumonia." During August and September the city attempted to combat the epidemic with the aid of Government experts, but it is believed that politics had a good deal to do with the slow progress made. Then Dr. Rupert Blue of the Marine Hospital Service, America's greatest expert in the plague, and six other Marine Hospital physicians who had known the disease in the Philippines, took absolute charge of the epidemic and carried out the treatment and prophylaxis with very great energy.

Believing that San Francisco will be yearly and monthly exposed to infection from Asia and the Pacific islands, and desiring to make it permanently safe against the disease, these experts entered upon a war for the destruction of all the rats of the city. To anyone acquainted with the wise furtiveness and hatred of race suicide which characterizes this intelligent rodent, it is clear that the undertaking was one of the most difficult ever engaged in by city sanitarians.

They first attempted to catch all the rats of the city, but the experienced rat laughs at traps, and soon the weekly catch by the more or less expert men employed fell from 13,000 a week to only 4000. This method, however, offered a very good chance for the study of rat fleas.

THE RAT FLEA.

San Francisco possesses five varieties of rats and mice, and these rats and mice possess five varieties of fleas. Beginning with the sand flea, which is said to pervade even the most aristocratic residences of that seaside metropolis, the list includes the dog flea, the mouse flea, the common rat flea and the imported plague flea of India, the *Pulex cleopis*. Among the 10,000 rat fleas examined, this imported flea was fixed upon as the usual carrier of the disease. One cubic centimeter of the blood of an infected rat usually

contains as high as 100,000,000 of the plague bacilli. The bacilli multiply in the stomach of the flea, especially in summer, and the flea remains infective for 15 days. A single flea of either sex may infect a human patient. Infection does not take place through the air, but only through fleas.

RATPROOFING.

Finding that trapping was a failure, the sanitarians next attempted to poison the rats with poisoned bread, but the rats breed so fast that this also failed to rid the city of them. Then they tried to starve out the rats, and 75,000 metal garbage cans were installed. Screens were placed about all food residues in markets and in stables; rat-haunted buildings received cement floors; wooden buildings were raised on supports, so that dogs and cats could get under them; bakeries were regulated, and rag-pickers' warehouses; the sewers were made rat proof, their crevices being cemented so that the rats could not nest in them; a new hospital was built with a sheet-iron fence six feet above the ground and extending six feet below it; finally residences and boats were fumigated, as many as 1500 of the latter in a single month.

The problem of making a seaport immune to plague is entirely a new one; the work of the Marine Hospital Service in this instance, as in so many others in recent years, is a credit not only to that service, but to the whole profession of America.

MIND-PURGING.

THIS new therapeutic idea has been introduced into medical science by a German writer named Breuer and elaborated by his coworker, Freud, as described at length by Dr. Dercum in the *Therapeutic Gazette* lately. The "brain catharsis" was first applied to nervous patients under hypnotism. It seems that Breuer some ten years ago induced a hysterical woman, hypnotized, to give him a minute and vivid account of the first origin and gradual development of her disorder, with an unrestrained and exact duplication of all the emotions involved in the process. At the close of this self-emptying he was delighted to find a complete disappearance of her disorder.

Reflecting on this case and experimenting further, aided by Freud, he hit on his brain-purge theory. According to this theory, the symptoms of neurasthenia are due to subconscious repression of old memories. This day-in, day-out subconscious repression uses up nervous energy and gradually induces symptoms of mental

or bodily distress. Sometimes there are a number of these strain-sources; sometimes distresses not naturally consequent to the original strain set in.

The cure, hypnosis no longer being thought necessary, is to place the patient comfortably on her back on a couch, without closed eyes, and to let her unfold to the doctor, who sits just out of sight behind her, the progressive tangle of her distressful experiences. Every detail must be explained with minuteness; every emotion, no matter how humiliating, must be acted out. The only interruption from the hearer is to guard against the omission of forgotten details; for in the course of the distressful history there may be here and there little lapses of memory (hidden mind-pools, as it were) which may be using up tension-energy, and so may be particularly hindrous to recovery. All of these must be thoroughly cleared, drained, sweetened by in-let illumination. Naturally, this takes time, patience and, incidentally, a good bank account, several years being sometimes necessary to a complete cure of an especially interesting and difficult case.

The method is really the systematizing and putting into scientific shape of a natural method of relief which nervous ladies all down the ages have been attempting to introduce, namely, that they should be permitted to "tell the dear, dear doctor all about it." Instead of pooh-poohing it as heretofore, the doctor, now a Specialist in Psychoanalysis, encourages the brain-catharsis by words of patient encouragement and "sweet sympathy."

That is it—sympathy; a healing force that has been sadly forgotten in the late prevalence of bacteriology and materialism. It is the mother's panacea. Have we not seen the little bruised hand brought to her and the tender skin searched for "the place," and the healing kiss pressed upon it? The little one, quite well again, runs away to her play-corner, and the mother, with the remark, "Doctor, I'm going to run you out of practice," turns wearily again to the recital of her own troubles, unknowing that half her own relief is to be by the same ancient process.

Although the gentlemen named have carried the method to foolish extremes and laid too much stress on morbid sexual recitals in some of their cases, there yet is in their work enough to arouse attention on the part of the profession at large. The wisest physicians and surgeons have always tried to give their patients mind-ease as a part of the treatment.

MEDICAL BANQUETS.

It is perhaps not fitting that the JOURNAL should take a stand for prohibition, local option, high license, total abstinence, or any of the disputed cures of a wholesale nature for evils which proceed from unwise or vicious excess in the use of intoxicant alcoholic drinks. The medical press should respect the thoughtful convictions of each one of its constituents. The editorial page above all the others should be known for its broad judicial view of any disputed subject, taking the "middle way," or presenting fairly both sides.

There are, however, some subjects of which there are not two sides. Some things are right beyond dispute; some things are wrong beyond dispute. One of these subjects is that the profession, wherever acting in an organized capacity, should promote that which is normal and frown upon all excess. Just when conviviality becomes excessive it is difficult to say. Lines of social conduct are confessedly hard to draw. The recent lay banquet of men and women in high society which is reported to have had as a feature a mock confinement case with delivery may well be considered disgraceful. A like condemnation must, in all thoughtful minds, be attached to a medical banquet where a considerable number of the guests become evidently drunk before its close.

The JOURNAL does not undertake to furnish a diagnosis of drunkenness nor to instruct committees how to proceed if it occurs. We simply record a protest against a growing license in these respects at the banquets of some of our greatest and most influential medical associations, whose efforts to raise the ethical standards in other respects are worthy of highest commendation.

All we ask is that an honest protest should receive careful attention. We do not give names or cite occasions, but we can, if desired.

Time was when drunkenness in the doctor was considered a minor fault. "Old Doctor X had more sense when drunk than all the other doctors sober," was a frequent comment. This is now a thing of the past. The time will come when graduation banquets and alumni suppers will be still more closely guarded than at present in these respects, and when a class reunion cannot safely be transformed, as we have recently seen, into a brutal alcoholic orgy.

This editorial is not starting a "temperance crusade." We do not propose to continue the subject nor to enter into disputations. We ask simply for greater caution in the future banquets of our ancient and noble profession in Maryland, which has of late made such exemplary advances along so many important lines.

ACCIDENT TO ASSOCIATE EDITOR OF THIS JOURNAL.

THE accident to Dr. Hugh H. Young recently (fracture of the arm) affords us opportunity to express the interest which so many feel in the fine work done by this progressive surgeon of Baltimore. A native of San Antonio, Texas, Dr. Young received his A.B. and A.M. at the University of Virginia, and in 1894 his degree of M.D. there. Turning toward surgery, Dr. Young became in 1895 assistant resident surgeon in the Johns Hopkins Hospital. Again limiting his field of interest, he devoted himself to genito-urinary work, rising yearly higher in position in the hospital, until he now is the head of that department.

The character of his work may be judged from a perusal of Vol. XIV of the *Johns Hopkins Hospital Reports*, which happens to be within our reach at the moment. This large volume is devoted entirely to the work of Dr. Young—to his methods of operating for prostatic hypertrophy, for rectal urethral fistula and for the radical cure of carcinoma of the prostate.

It is to his record of perineal prostatectomy that his fellow-physicians point with especial pride and admiration. A detailed description of his own operation, devised by him, is given, with illustrative cuts, and a detailed analyses of 145 of his cases operated on consecutively up to July, 1906. We have space to comment only on his mortality figures. In the 145 cases mentioned he had but seven deaths. The earliest of these cases were done when the operation was in a developmental stage and was much less satisfactory. The last hundred gave but two deaths.

In a footnote the mortality statistics are brought up to January 7, 1907. During these six months there were 40 consecutive cases, with no death, making, with the 20 which immediately preceded them, 60 consecutive cases without a single death or bad result. This high grade of operation has been since maintained.

The full value of this work of Dr. Young can be appreciated only when one considers that on account of a mortality of 20 per cent., and successful recovery of health in only about one-third of the cases, in the hands of leading surgeons, perineal prostatectomy had just been relegated to the surgical waste-basket as a complete failure.

It is believed that the accident to Dr. Young, while giving him a well-earned rest from opera-

tions, will not confine him to the house for more than a few days. The left radius was broken in four places and the ulna in two. He is under the surgical care of Dr. W. S. Baer. During his brief confinement to bed his office practice was attended by his assistant, Dr. M. L. Boyd.

THE EMMANUEL MOVEMENT IN BALTIMORE.

An attempt is being made to introduce into Baltimore a modification of the Emmanuel Movement, which has excited considerable interest in Boston and other northern centers. The Emmanuel Movement was designed to glean from Christian Science its elements of real value and formulate them into a treatment conducted by a coalition of physicians and clergymen for the benefit of patients suffering from nervous diseases involving a large element of psychic depression. From a perusal of a large volume entitled "Religion and Health," we are convinced of the honesty and earnestness of the promoters, though not wholly of the soundness of their theories.

The movement has reached Baltimore this winter in a still more moderate form, consisting of a series of sermons and lectures on health by the Rev. Mr. Huckel, of the Associate Congregational Church. There is no clinic nor direct attempt at healing, and we are assured that there will be none. From the single lecture which we have had opportunity to hear and from the program announced, we can say without hesitation that in the main the teaching is excellent, inculcating a great many health facts which we have often wondered were not before dwelt upon by clergymen in their church instructions. The sacredness of health, the bearing of bodily condition on mental and moral states, the desirability of cultivating cheerful thoughts, religious and otherwise, and of keeping the mind occupied in useful and kindly deeds, the benefit of training in wholesome habits of thought and of action, the need of casting earthly cares and anxieties on a higher Power, all these themes have been more or less persistently taught privately by the best physicians. They will doubtless welcome a well-directed and well-controlled effort by the clergy to impress them upon the larger audiences who come to them weekly for instruction.



Tract in the Adirondacks Offered Through President Roosevelt by Mrs. Beckwith for a National Sanitarium. Looking South from Grand View Park. Overlooking Saranac Village, Several Lakes and Over 200 Mountain Peaks. Dr. Trudeau's Famous Sanitarium Lies to the North.

THE BECKWITH GIFT.

Shall the United States Government enter directly into the work of caring for the consumptives of the nation? It already—and very proper—supports model sanitariums in the West for the care of invalided soldiers and sailors; the Central Government at Washington has also—and very properly—aided in many ways in the promotion of knowledge concerning the dangers of the disease and in the furtherance of expositions designed to instruct the people as to the best methods of curing it.

Within a few weeks an effort has been made to engage the Government directly in the construction and conduct of free sanitariums for the general public. The matter is brought up by a very generous offer from Mrs. George H. Beckwith, a resident of Catonsville (a few miles to the west of Baltimore), to the United States Government of a tract of land at Saranac Lake, in the Adirondacks, and of another large tract at Aiken, S. C.

Before consultation with one of the editors of this journal in regard to her desire to make such a gift, the donor wrote directly to President Roosevelt. She received a reply from the President, through Secretary Loeb, which was *very* encouraging. Mrs. Beckwith's desire is that some provision should thus be made for the cure of consumptives who lack means for securing treatment in mountain hospitals. The two tracts of ground offered by her are located in the very center of the regions chosen by physicians of America for this purpose; one is close to the Trudeau Hospital, whose beneficial work is known to all of our citizens; the other is in the midst of the dry, sandy region of the South, which was formerly one of its best known health resorts. Aiken, S. C., is absolutely free from malaria, and is specially known for its relief and cure of kidney, nervous and rheumatic troubles, as well as those of the throat and lungs. There is but one small

sanitarium there now—Dr. McGahan's. Mrs. Beckwith will urge the matter personally upon Senators and Congressmen at the coming session, and will welcome any good word spoken for the cause by the physicians of Maryland.

While Congress may lead in the more perfect equipment of free national sanitariums, it is evident that the bulk of this work must be done by the individual States, which, if they have not already come up to the national standard set for them, may be expected very soon to do so. A very creditable beginning has just been made in the mountains of our own State; it is to be hoped that private benefactors of large means, following the example of Mrs. Beckwith, may within a few years provide for all of those who need it among our citizens free sanitarium treatment on the dry and health-giving summits of the Blue Ridge, which are believed by many to offer sites unsurpassed in America. In the Blue Ridge sanitarium equipment of the most perfect sort may readily be provided and the most modern treatment easily carried into effect.

A consideration which ought to give its sanitariums decided preference in the choice of our own citizens is that in them patients will be spared that very depressing homesickness which so greatly retards the convalescence of many in far-off resorts. The writer was informed some years ago by the leading lung specialist of Colorado Springs, Dr. Solly, that Baltimoreans seldom got the full benefit of the treatment there because of this homesickness. Moreover, these sanitariums of our own are so accessible that patients may keep in touch with their families, thus avoiding the mental strain which make so many invalids dread sanitarium treatment.

The modern tendency, beautifully illustrated by Mrs. Beckwith, to use great wealth for the sanitary benefit of the general public, is one of the most encouraging characteristics of the day.

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medium of Vital Exchange. The Vital Bank account
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To replenish the Iron Reserve, reduced in con-
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is hematinic, antihemolytic, nutrient and tonic,
immediately assimilated and absorbed without irri-
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the sick, especially in such circumstances when intervention is imperative, as a matter of small significance indicates an insatiable desire on the part of the public to get the lion's share of what this world offers, with no better thought behind the effort than avarice, greed and selfishness.

THE DOCTOR IN POLITICS.

Buffalo Medical Journal.

PROMPTED by the fact that seven doctors were chosen mayors of as many cities in New Jersey at the recent election, the *Evening Mail* (New York) makes appropriate comment under the above title, asseverating that the profession of medicine is coming into greater prominence in public life than ever before in this country. The *Mail* remarks, inter alia, that "in Dr. Leonard Wood the American army has a possible future commander-in-chief. Dr. Bensen has given New York a better administration of the department of street cleaning than it has had since Colonel Waring's day. His predecessor, Major Woodbury, was a surgeon. In Dr. Gallinger of New Hampshire the medical profession has at least one representative in the Federal Senate."

It may be added with appropriateness that in the House of Representatives Dr. Hiram R. Burton of Delaware is an able representative of the medical profession, and one who does not fail on all proper occasions to advocate the advancement of the guild of medicine. In recognition of his efforts in this direction he was elected one of the vice-presidents of the American Medical Association during its meeting at Atlantic City last June.

In nearly every city or larger town one or more physicians hold elective office. In Buffalo Dr. H. H. Bingham was recently elected a member of the City Council, an office he has held heretofore, we believe. Dr. Eugene Beach of Gloversville has been Mayor of that city for several years. Dr. E. F. Brush of Mt. Vernon has held the office of Mayor more than once, and his last election was secured on an independent ticket. He triumphed over the candidates of both the great parties, and has popularized his administration by securing many needed reforms.

In Europe it is not uncommon for medical men to hold high place in the councils and courts of even some of the greater nations. Virchow, it will be remembered, was a leader in the Reichstag for many years, while a later example of the doctor's success in politics is in the person of M. Clemenceau, the great French premier, who was educated as a physician and practised his profession in his earlier years. It

is a matter of general knowledge that the great majority of the delegates to the Central American Peace Congress at Washington are physicians by education.

Referring again to the *Mail's* article, it says: "To the tasks of political life the doctor can bring his skill in diagnosis, his knowledge of pathological conditions, the ability to jolly the individual, which is half his curative art, and a wide acquaintance with the people and needs of his district. He should make a good legislator. Every successful physician, indeed, is something of a politician in the treatment of his patients. Why should not the converse be true?"

We think this a just comment, and one that gives forceful reasons why physicians may serve their fellow-citizens wisely in public life. A good physician should make a good officer, but we imagine many such an one would hesitate to take office that would entirely separate him from his professional work for any considerable length of time. However, it ought not to be difficult for a physician well grounded in his profession to recover his lost or diminished practice within a reasonable time after his return to private life.

Dr. Charles A. L. Reed of Cincinnati has dealt extensively with this subject in a paper published some months ago in the *Journal of the American Medical Association*. The statistics given by Dr. Reed are interesting, and the paper may be read with profit by all who wish to be well informed on this phase of public life.

THE GREAT AMERICAN FRAUD.

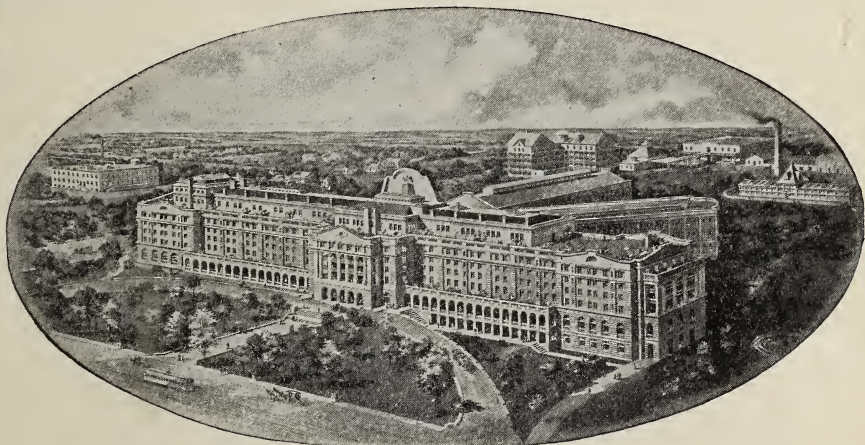
American Medicine.

THE impudence of quacks is proverbial, indeed, it is their stock in trade. They are quick to take up every new subject and adroitly turn it to advantage in defrauding their poor dupes. The exposures of the men who sold salt water for radium at \$2000 an ounce is but a mere incident of the business. It was to be expected that they would keep in touch with the present warfare upon them—it was self-preservation for them to utilize it if they could. It was also known that every phase of the matter would be twisted into favorable shape, though it was expected that the stereotyped cry of persecution through jealousy would be heard more frequently. It is not at all strange, therefore, that commendations of patented mixtures whose composition can be learned would be advertised as the endorsement of every wretched fraud in the country. It now appears that the present attitude of progressive physicians to use certain known combinations of value is also

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THE SANITARIUM, BATTLE CREEK, MICH.

adroitly managed to serve as an endorsement of a notorious quack. It is quite evident that the crusade is bearing good fruit, and that the business of living on the credulity of sick people and of swindling the helpless has been given a serious blow. We wish a continued success to the warfare against the great American fraud—the quack.

THE HOUSEHOLD PHYSICIAN.

New England Medical Monthly.

ASSUMING that the public should be educated, at the usual rate, various publishing houses are placing upon the market all kinds of popular treatises on disease and self-medication.

While the more reputable disclaim any intention of trespassing upon the domain of the physician, the latter readily appreciates the fact that these books are made to sell and in response to a so-called "popular demand."

The propriety of placing such literature in the hands of the average lay reader may justly be questioned, as daily occurrences demonstrate the fact that a little knowledge is a dangerous thing, and that the nervous female with a clinical thermometer and a bump of conceit is a menace to the community as well as the *bête noir* of the doctor.

It is surprising that reputable men who presumably do not need the money are willing to endorse and promote such enterprises, and it is no less notable that the average man or woman can be induced to purchase any large treatise or encyclopedic work on such a subject. It occurs to us that while the subject of hygiene is a proper and inviting one, all attempts to impose upon the faith and credulity of the inquisitive public should be promptly discouraged.

Reprints.

WOOD FOR PAPER COSTS \$26,000,000.

THE publisher pays much more for his stock than he did last year.

Today there is general complaint among publishers that printing paper is constantly growing dearer. In the Middle West many local papers are raising their subscription price 50 per cent. in order to pay for the paper. From the time when Gutenberg first used movable type, made of wood, to the present day of metropolitan papers, some of which consume the product of acres of spruce in a single edition, printing has in very large degree depended upon the forest.

In the face of a threatened shortage of timber, the amount of wood consumed each year

for pulp has increased since 1899 from 2,000,000 to 3,500,000 cords. The year 1906 marked an increase of 93,000 cords in the imports of pulpwood, the highest average value per cord for all kinds, and a consumption greater by 469,053 cords than that of any previous year.

Spruce, the wood from which in 1899 three-fourths of the pulp was manufactured, is still the leading wood, but it now produces a little less than 70 per cent. of the total. How well spruce is suited to the manufacture of pulp is shown by the fact that during a period in which the total quantity of wood used has doubled and many new woods have been introduced, the proportion of spruce pulpwood has remained nearly constant in spite of the drains upon the spruce forests for other purposes. During this time three different woods from widely separated regions have in turn held the rank of leader in the lumber supply.

Since 1899 poplar, which for years was used in connection with spruce to the exclusion of all other paper woods, has increased in total quantity less than 100,000 cords, and is now outranked by hemlock. Pine, balsam and cottonwood are used in much smaller amounts.

New York alone consumes each year over 1,250,000 cords of wood in the manufacture of pulp, or more than twice as much as Maine, which ranks next. Wisconsin, New Hampshire, Pennsylvania and Michigan follow in the order given. Sixty per cent. of the wood used in New York was imported from elsewhere, and even so the supply appears to be waning, since the total consumption for the State shows a small decrease since 1905, whereas the other States named have all increased their consumption. Other States important in the production of pulp are Massachusetts, Minnesota, Ohio, Oregon, Vermont, Virginia and West Virginia.

The average cost of pulp delivered at the mill was \$7.21. The total value of the wood consumed in 1906 was \$26,400,000. The chief item determining the price of paper is the cost of pulp. An example of the increased price of paper is found in the case of a publisher of a daily in the Middle West, who recently paid \$1200 for a carload of paper. The same quantity and grade of paper cost a year ago but \$800.

The chemical processes of paper-making, which better preserve the wood fiber, are gaining over the mechanical process. In 1899, 65 per cent. of the wood was reduced by the mechanical process; in 1906, less than 50 per cent.

All importations of wood for pulp are from Canada, and comprised in 1906 739,000 cords, nearly all of which was spruce. Four and a

The Key



to the only sane medical treatment of all those forms of dyspepsia associated with a deficient gastric juice and an enfeebled gastro-intestinal musculature, is found in such remedies as tend, by their stimulative action on the digestive glands and muscles, to re-establish their normal physiological activity.

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half million dollars' worth of pulp was imported in 1906, a slight falling off from 1905.

Circular 120 of the Forest Service contains a discussion of the consumption of pulpwood in 1906, based on statistics gathered by the Bureau of the Census and the Forest Service. The pamphlet can be had upon application to the forester, United States Department of Agriculture, Washington, D. C.

NOTE.—The increased cost in the production of the MARYLAND MEDICAL JOURNAL in recent years, due to advances in prices of paper and printing, exceeds 20 per cent., although no compensatory increase either in the subscription or advertising rates of the JOURNAL is deemed practicable.—MEDICAL JOURNAL COMPANY.

THE LOYAL PHYSICIAN.

JUDGING by many of the speeches and papers in current literature, the doctor is simply lost in admiration of "the loyal nurse"—so far gone, indeed, that he sometimes forgets that there is any such a virtue as loyalty demanded in the physician. Behold the loyal nurse! Let the nurse be loyal and all is well.

Thus the disloyal physician enjoys and commends the virtue of loyalty in the nurse—a virtue which he has done nothing to inspire and everything to discourage. His personal dealings with nurses are, if he would but analyze them, selfish, under-handed, unprofessional, and he is demanding, perhaps unconsciously, a sort of fidelity which is equally unprofessional in the nurse.

The up-to-date training school never neglects to instruct and warn the nurse at some time before she graduates concerning her obligations and duties to the medical profession. This is a good thing and usually pretty well and faithfully attended to. But we hear little or nothing of any like attention in medical colleges to the inculcation of an answering loyalty in the physician.

In view of the very significant part that nurses will have to play in the successes and failures of the physician, is it not desirable that the lectures on medical ethics should convey to the prospective doctor a synopsis of the ethical principles which guide the best representatives of the medical profession in their relations with the nurse?

One of our correspondents in alluding to this matter states a principle that is often ignored by the best of doctors. It is well worth quoting as a contribution to the course in ethics which we have just suggested. He says:

"I do not send trained nurses to care for pa-

tients in unfavorable surroundings (if the patient can be moved to a hospital) unless it is a visiting nurse, who remains with the patient but a short time. In getting a nurse for a patient we must consider the nurse as well as the patient. If a patient insists on remaining in unfavorable surroundings and refuses to go to a hospital, we have no right to expose a nurse to the effects of the same surroundings. Even with visiting nurses, if I believe the patient would do better in a hospital I expect the patient to abide by my judgment and relieve the nurse of hard work against great odds. There are, of course, many modifying circumstances that may compel a patient to remain at home. Then it is our duty to provide him with all the necessary care."

This sentiment has the true ring. And we wonder how many doctors can truthfully say that they make it a rule to exercise a like concern for the comfort and safety of the nurses who work under their direction.—*Dietetic and Hygienic Gazette*.

SURGICAL HINTS.

OWING to the great infrequency of primary tuberculosis of the bladder, it is important in every case in which this disease is suspected to look for a tuberculous focus in some other part of the urogenital tract.

Before incising a pharyngeal abscess through the mouth a small, hard pillow should be placed under the patient's shoulders, so that the head will drop back sufficiently to prevent the pus from flowing downward.

If possible, drainage should be avoided in operating for tuberculous disease of the bones, as the insertion of drains encourages the formation of sinuses. Scrupulous asepsis will generally render the use of drainage unnecessary.

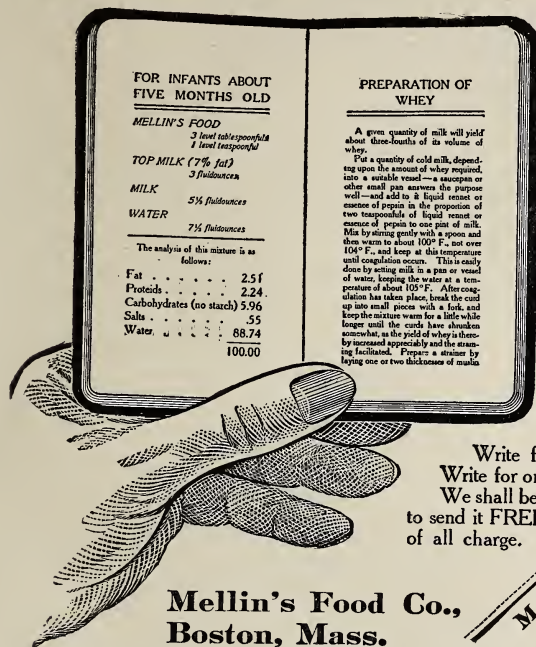
When making digital pressure for the arrest of post-partum hemorrhage the aorta should be pressed directly against the spine with the ulnar side of the clenched hand. The pressure should be shifted over the area occupied by the aorta, so as to avoid any damage to the sympathetic nerve plexus.

Torsion of the testicle is often difficult to diagnose from epididymitis and orchitis. The chief points in favor of the former are its suddenness and development, the early age of most patients and the absence of any signs of gonorrheal infection of the urethra or prostate.

Although a rigid abdomen is generally characteristic of peritonitis, this applies only to the early period of the disease, since in the later stages or in the severe septic form there is a

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LITERATURE ON APPLICATION

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tendency for the abdomen to again become soft and palpable without pain.

In every case of severe contusion of the lower abdomen it is advisable to determine the condition of the bladder by passing a catheter. If nothing can be withdrawn, or only a small amount of blood, there is reason to assume a rupture of the bladder. On the other hand, evacuation of a large amount of bloody urine would point to a rupture of the kidney.

One of the important points in anesthesia which is not infrequently forgotten is to determine before its induction whether the patient can breathe freely through his nostrils. Nasal obstruction will prove more or less of a barrier to efficient anesthetization, and under these circumstances it may be advisable to let the patient inhale the anesthetic by way of the mouth, this being facilitated by placing a prop between the teeth.—*International Journal of Surgery.*

JUST WHAT IS AN OBSESSION.

THIS word may be defined as *an insistent and compulsive thought, habit of mind or tendency to action*. The person so burdened is said to be obsessed.

Few children are quite free from obsession. Some must step on stones; others must walk on or avoid cracks; some must ascend the stairs with the right foot first; many must kick posts or touch objects a certain number of times. Some must count the windows, pictures and figures on the wallpaper; some must bite the nails or pull the eye-winkers.

Consider the nail-biter. It cannot be said that he toils not, but to what end? Merely to gratify an obsession. He nibbles a little here and a little there, he frowns, elevates his elbow and inverts his finger to reach an otherwise inaccessible corner. Does he enjoy it? No, not exactly, but he would be miserable if he discontinued.

It is during childhood that we form most of the automatic habits which are to save time and thought in later life, and it is not surprising that some foolish habits creep in. As a rule, children drop these tendencies at need, just as they drop the rôles assumed in play, though they are sometimes so absorbing as to cause inconvenience. An interesting instance was that of the boy who had to touch everyone wearing anything red. On one occasion his whole family lost their train because of the prevalence of this color among those waiting

in the station. The longer these tendencies are retained in adult life the greater the danger of their becoming coercive; and so far as the well-established case is concerned, the obsessive act must be performed, though the business, social and political world should come to a standstill.

A child who must kick posts is father to the man who cannot eat an egg which has been boiled either more or less than four minutes; who cannot work without absolute silence; who cannot sleep if steam pipes crackle, and who must straighten out all the tangles of his life, past, present and future, before he can close his eyes in slumber or take a vacation. The boy Carlyle, proud, shy, sensitive and pugnacious, was father to the man who made war upon neighbors' poultry and had a room proof against sound specially constructed for his literary labors.—*Lippincott's.*

"BAD COLDS."

BAD COLDS are anybody's game. Let a man go forth among his friends and noise it around that he has a "bad cold," and what they will tell him to take for it would fill a good-sized book on the practice of medicine. We are now talking about a popular man. Of course, if the man had few friends a smaller book would do to hold the advice he would receive. So much for laymen. Doctors have good reasons for not distributing their information and advice around so indiscriminately, but among themselves they exhibit that same amiable weakness of telling what to do for a bad cold that is so manifest among their lay brethren—and sisters. The genial and popular editor of the *Medical World* in an unguarded moment admitted in print that he suffered sometimes with a bad cold and did not know what to do for it, when lo and behold! in the very next issue of his paper there were pages upon pages of "sure cures" contributed by his admiring readers. When the editor has tried all the proposed remedies and sifted out the poorer ones we hope he will publish for the benefit of a long-suffering race the ones which he considers *AI* in every respect, for, other considerations aside, as the winds grow more wintry and the moods of the gentleman downstairs who regulates the steam heat remain springlike in their uncertainty we (and this is strictly confidential, not to go any further) occasionally have a little touch of "cold" ourselves.—*Druggists' Circular.*

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Excerpts.

ANESTHESIA.

ACCIDENTS? An accident is something which happens despite human forethought. And is such forethought always exercised before "putting a patient under?" Has the urine been carefully examined? Will the kidneys stand ether? Have the heart and lungs been thoroughly gone over, or have they, on the contrary, been overlooked or simply thumped and listened to in a perfunctory and routine way? Will the heart stand chloroform? Is there atheromata or emphysema, or are there catarrhs or obstructions in the upper air passages? Is the patient very fat? Have the abdominal organs been investigated? Have the bowels been properly evacuated? Is the stomach empty? Is there any possibility of a tooth or foreign body entering the trachea? Has a choice of the various anesthetics been made befitting the constitution of the patient? Has the anesthetist his hypodermic needle or several of them properly charged for all possible emergencies? Has he his tongue forceps and his mouth gags ready for instant use? Is he every moment watching the pulse, the breathing, the stertor (or more dreadful than the stertor, the calm, noiseless respiration which presently dies away quite beyond restoration), the tongue, the color of the blood, the conjunctives, the possibly distended pupil?

Probably the most potent cause of death in anesthesia is fright, which induces a vasomotor paralysis, with the result that most of the patient's blood is emptied into his distended capillaries, the capacity of these minute vessels being in toto practically sufficient to receive all the blood in the body. Therefore we should take every possible means to obviate this cause by giving a large dose (30 grains) of the bromides early on the morning of the operation and perhaps also a hypnotic on the evening before; by injecting an opiate before the operation, by suggestion and persuasion to reassure the patient; by tact and gentleness in beginning the anesthesia. Gwathmey, who has made a most profound study of this subject, has constructed an ingenious apparatus by which he is able to compose the patient's psychism; for the male he begins with a mixture having the odor of a cocktail, and for a female that of cologne water. Undoubtedly a great advance in anesthesia was made when the use of ether was preceded by that of nitrous oxide gas. The latter is the safest and the most rapid general

anesthetic we have, and by means of an apparatus with which we are now all familiar—no man should give an anesthetic who is not—one can easily pass from the use of nitrous oxide to that of ether. Thus does the patient have little time for terror, nor is there nearly as much subsequent nausea as when ether alone is given.—*Medical Standard.*

THE INIQUITOUS SPECIALIST.

CLEARLY the medical specialist is in a bad way these days. But recently we have learned of his ineradicable propensity to require \$1000, or certainly not less than \$500, to be placed in his palm before he will consent to put the knife to the cancer, the anesthetic to the nostrils. His money, like that of wicked millionaires, has openly been declared to be tainted. Those virtuous Christian Scientists, who have never been known to exact a fee, are joining in the denunciations which consume much space and respiratory exertion in the press, the pulpit and in the courts. Why, only the other day a St. Louis judge decided that a rich man is to pay no more than a poor man for a doctor's services. The specialist is being held up in his true light in the contemporary novel, as witness Mrs. Wharton's "Fruit of the Tree," where not only one, but two medical rascals are presented; and in Mr. Maarten's book, "The New Religion," we see shown up a vast conspiracy between the ordinary practitioner (poor man, we had thought he has become too scarce and too innocuous to harm anybody), the specialist, the druggist and the managers of hospitals and sanatoria.

But, seriously, some lay impressions of medical chicanery and of overcharging are not absolutely without foundation. To deny this would be equivalent to claiming moral perfection in our profession, a thing which is non-existent anywhere in the cosmos. And we must agree with the *Evening Post* that physicians "who would conspire to keep a rich and confiding patient in terrified suspense while they invented fresh treatments or tortures would be guilty of a cruelty and treachery compared with which the barbarities of red Indians are merciful." Yet when the laity speaks of our black sheep we are entitled to ask if any calling—commerce or the law, or the pulpit, for that matter—is free of such. Certain it is that physicians of this stamp are not to be found in reputable medical councils; high-minded practitioners do not consult them; humane medical men, who are, of course, vastly in the ma-

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jury, despise them and their work and exult when righteous judgments penalize them for their iniquities.—*Medical Times*.

MEDICAL EDUCATION.

THE rapidly increasing entrance requirements of medical colleges of the better class is opening the way for system in the education of a physician. At present no such relation exists between the literary or scientific college and the medical college that marks the adjustment of the preparatory school to the literary college. It is true that Johns Hopkins and Harvard make the medical course a post-graduate course, but the time is not ripe to make this obligatory in all medical colleges, or, probably, the courses are not as yet properly adjusted to permit of this.—*Bulletin American Academy of Medicine*.

PREVENTIVE MEDICINE.

SIR JAMES CRICHTON BROWNE, in the course of a speech made recently, said that each step forward in civilization involves new disease risks and diagnostic insight, and that chemical skill and therapeutic ability will be in demand for a long time to come. He said that he has no anxiety regarding the future of the medical profession when he looks at the columns in the daily newspapers devoted to the eulogy of quacks and proprietary medicines. There is a prolific source of disease that medical men can never touch. The progress of preventive medicine during the past quarter of a century has been remarkable, and still greater achievements, he declared, are in store if the local authorities and Parliament would only give it fair play.—*London Letter, J. A. M. A.*

DANGERS IN ANESTHESIA.

JOSEPH D. BRYANT of New York extols the value of trained anesthetists that are thoroughly conversant with the effects of anesthetics and with the simpler as well as the more elaborate arrangements for the giving of these drugs. The physiology of anesthesia should be well understood. The dose must vary with the conditions. Not all the anesthetic used has been absorbed; some is in the lungs and some is dissipated in the patient's expiration. Fertility of resource and knowledge of the remedies to be used in various contingencies are necessary.—*Medical Record*.

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Medico-Legal.

LEGISLATION IN MEDICINE.

SHASTID stigmatizes legislation in this country concerning medical affairs as deplorably defective, and ascribes the fact to the ridiculous character or the total absence of instruction in legal medicine given in American schools of law. Out of 57 law colleges, only seven profess to give a course in legal medicine, and even in some of these attendance is not obligatory. The deplorable condition of medical jurisprudence as taught in our schools of medicine is also to blame. It is often chopped up and passed around between different professors, or a lawyer is called on to deliver a course of three or four lectures. When physicians themselves so little understand the importance of legal medicine they cannot expect lawyers to pay much attention to it. Shastid would have the teacher of medical jurisprudence in either law or medical school a graduate in both medicine and law. The most important result to be attained from the study of legal medicine is not the power of legal vision, or that of medical vision, but rather the power of stereoscopic vision, the faculty of medical "jurisprudential" eyesight.—*The Journal.*

Lay Press.

STATE SUPERVISION IN MEDICAL EDUCATION.

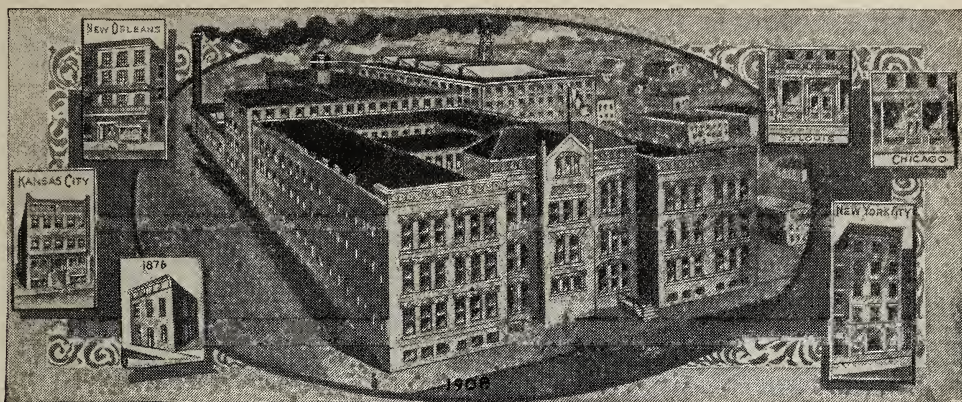
THE tendency of a system of State supervision over medical education, such as now exists in New York, is to place the medical schools more and more under the absolute authority and control of bureaucrats, who seek to interfere with the most minute details of administration; who measure results by the quantity of time devoted to study, as evidenced in minute statistical reports, rather than by the quality of the student's attainments as ascertained by his immediate instructors, and who are constantly endeavoring to add to the number of prescribed studies and lengthen the periods which must be spent in the professional school. Although the State insists that no one shall be allowed to practise medicine unless he has pursued his studies at a professional school, it refuses to recognize the certificate of his instructors there that he has passed the examina-

tions required for graduation as sufficient evidence of his competency to practise, but insists further that he shall pass another examination by a State board of examiners consisting of doctors appointed by the Regents. "In our own State," says Dr. Tucker, "this board is so constituted that although 85 per cent. of the physicians in the State are 'regulars,' they are represented by but four members upon a board of nine. In many of our States men of only average ability and capacity are drawing salaries and exercising a little brief authority under the laws in places often secured through political influence. What shall be thought of a proposal to place the medical schools of this country under their absolute control?"

That the right to practise medicine should be regulated by law, or that the State should see to it that those permitted to practise medicine possess the requisite character and qualifications so far as these are readily ascertainable, we do not for one moment dispute. On the other hand, however, we think that the medical schools should be entrusted not only with the education of intending practitioners of medicine, but with the duty of finding out whether their students are competent to practise and the responsibility of finally deciding that question. In other words, graduation at a medical school within this State, which school is approved by the Regents, should carry with it the right to practise medicine in this State. No further or other examination should be required. If a given institution of learning can be trusted to educate a medical student it can be trusted to ascertain what are the results of his study there and to certify the truth in that respect. Let the Regents take all the care they like—that is, exercise every possible precaution—in determining what institutions thus to trust, but do not continue the absurd exaction and unnecessary burden involved in compelling the student to pass a second examination by a State board.

Even with this change there is still a danger to be apprehended in the direction of increasing the obstacles to entry into the medical profession. There are educational enthusiasts who contend that the prescribed course of instruction in medicine should be lengthened by one year, so as to make it five years in all. We have seen a statement that this has already been done at McGill University in Canada. The Regents in this State might, under the change

[CONTINUED ON PAGE XXXII.]



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Medical Society Meetings.

MARYLAND.

NOTE.—Secretaries are requested to advise us promptly of the election of new officers in their respective Societies, that due announcement may be made in the JOURNAL.

Except where otherwise stated the Medical Societies of Baltimore meet at the Medical and Chirurgical Faculty building, 847 N. Eutaw Street.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. 4th Tuesday in April. President, CHARLES O'DONOVAN, M. D.; Secretary, JOHN RUHRAH, M. D.

Baltimore City Medical Society.

President, A. G. HARRISON, M. D.; Secretary, W. E. MAGRUDER, M. D. Meetings, April and December.

SECTION OF CLINICAL MEDICINE AND SURGERY. 1st and 3d Fridays, 8.30 P. M., October to May. Chairman, J. W. WILLIAMS, M. D.; Secretary, J. A. CHATARD, M. D.

SECTION OF GYNECOLOGY AND OBSTETRICS. 2d Friday in October, December, February and April. Chairan, L. E. NEALE, M. B.; Secretary, L. M. ALLEN, M. D.

SECTION OF LARYNGOLOGY. 4th Friday, monthly, 8.30 o'clock. Chairman, T. CHEW WORTHINGTON, M. D.; Secretary, S. ROSENHEIM, M. D.

SECTION OF NEUROLOGY. 4th Friday, Monthly. Chairman, A. P. HERRING, M. D.; Secretary, I. J. SPEAR, M. D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. 4th Friday. Chairman, J. J. CARROLL, M. D. Secretary, F. W. JANNEY, M. D.

Miscellaneous Societies.

BOOK AND JOURNAL CLUB OF THE FACULTY. Winter Session. Meet at call of chairman. Chairman, H. B. JACOBS, M. D.; Secretary, W. R. STOKES, M. D.

JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Monday, 8.30 P. M., Johns Hopkins Hospital. President, HARVEY CUSHING, M. D.; Secretary, T. B. FUTCHER, M. D.

JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. 1st and 3d Mondays, 8 P. M., Johns Hopkins Hospital. President, J. M. T. FINNEY, M. D.; Secretary, R. I. COLE, M. D.

MARYLAND STATE HOMEOPATHIC MEDICAL SOCIETY. 3d Tuesday, in May and October. President, LEWIS R. PALMER, Baltimore; Secretary, WM. C. BODE, Baltimore; Corresponding Secretary, J. WARD WISNER, Baltimore.

MEDICAL JOURNAL CLUB. 2d Saturday, 8.30 P. M. President, A. C. HARRISON, M. D.; Secretary, L. M. ALLEN, M. D.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. 4th Tuesday in each month, 8.30 P. M. President, W. M. LEWIS, M. D.; Recording Secretary, BESSIE V. PUETT; Corresponding Secretary, MAEEL C. CRUTTENDEN.

UNIVERSITY OF MARYLAND MEDICAL ASSOCIATION. 3d Tuesday, October to May, 8.30 P. M.; Hospital Amphitheatre. President, GORDON WILSON, M. D.; Vice-President, WALTER H. MAYHEW, M. D.; Secretary, J. T. O'MARA, M. D.

County Societies.

ALLEGHANY COUNTY MEDICAL SOCIETY. January 8th, 1907, at Frostburg, Md., and 1st Tuesday in April, July and October in Cumberland, Md. President, S. A. BOUCHER, M. D., Barton, Md.; Secretary, WM. R. FOARD, M. D., Cumberland, Md.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, H. B. GANTT, M. D., Millesville; Secretary, L. B. HENKEL, Jr., M. D., Annapolis.

BALTIMORE COUNTY MEDICAL ASSOCIATION. Towson, 3d Thursday, April to October, 2 P. M.; November to March, 1 P. M. President, BENJAMIN WHITELEY, M. D.; Corresponding Secretary, R. C. MASSENBURG, M. D.; Towson, Md.

CALVERT COUNTY MEDICAL SOCIETY. Second Tuesday in April, August and December; annual meeting 2d Tuesday in December. President, J. W. LEITCH, M. D.; Secretary, I. N. KING, M. D., Bartow, Md.

CAROLINE COUNTY MEDICAL SOCIETY. President, THEODORE SAULSBURY, M. D.; Secretary, J. R. DOWNS, M. D., Preston, Md.

CARROLL COUNTY MEDICAL SOCIETY. December 1906, at Westminster, Md. President, G. H. BROWN, M. D.; Secretary, CHAS. R. FOUTZ, M. D.

CECIL COUNTY MEDICAL SOCIETY. 3d Thursday (quarterly) at Elkton. Annual meeting in April. President, R. M. BLACK, M. D.; Secretary, HOWARD BRATTON, M. D., Elkton, Md.

CHARLES COUNTY MEDICAL SOCIETY. Meetings 3rd Tuesday in May, August and November. President, JOHN T. DIGGES, M. D., Port Tobacco, Md.; Secretary, THOMAS S. OWENS, M. D., La Plata, Md.

DORCHESTER COUNTY MEDICAL SOCIETY. Meetings May 9 and December 5, at Cambridge. President, B. W. GOLDSBOROUGH, M. D., Cambridge; Secretary, W. H. HOUSTON, M. D., Fishing Creek, Md.

FREDERICK COUNTY MEDICAL SOCIETY. January, April, August and November. President, D. E. STONE, M. D.; Secretary, IRA J. MCCURDY, M. D., Frederick, Md.

GARRET COUNTY MEDICAL SOCIETY. 2d Tuesday in May, 1906. President, H. W. MCCOMAS, M. D., Oakland, Md.; Secretary, J. G. SELBY, M. D., Eglon, W. Va.

HARFORD MEDICAL ASSOCIATION. 2d Wednesday in January, March, May, July, September, November. President, CHAS. BAGLEY, M. D., Bagley, Md.; Secretary, R. S. PAGE, M. D., Belair, Md.

HOWARD COUNTY MEDICAL SOCIETY. January 8th, Ellicott City and 1st Tuesday in April, July and October. President, W. B. GAMBRILL, M. D., Alberton, Md.; Secretary, F. O. MILLER, M. D., Ellicott City, Md.

KENT COUNTY MEDICAL SOCIETY. Jan. 15th, 1907, at Chestertown, Md. President, THOS. B. WILLSON, M. D., Edesville, Md.; Secretary, H. G. SIMPERS, M. D., Chestertown, Md.

MONTGOMERY COUNTY MEDICAL SOCIETY. Spring meeting held at Rockville, Md., 3rd Tuesday in April, 1907. President, JAS. E. DEETS, M. D., Clarksburg, Md.; Secretary, J. L. LEWIS, M. D., Bethesda, Md.

PRINCE GEORGE'S COUNTY MEDICAL ASSOCIATION. 2d Saturday of every second month. President, JOHN CRONMILLER, M. D., Laurel, Md.; Secretary, H. B. McDONNELL, M. D., College Park, Md.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, H. R. HOPKINS, M. D., Queenstown, Md.; Secretary, E. F. SMITH, M. D., Queenstown, Md.

ST. MARY'S COUNTY MEDICAL SOCIETY. 2d Tuesday in May and October, at Leonardtown, Md. President, THOMAS LYNCH, M. D., Leonardtown, Md.; Secretary, J. O. KING, M. D., Oakville, Md.

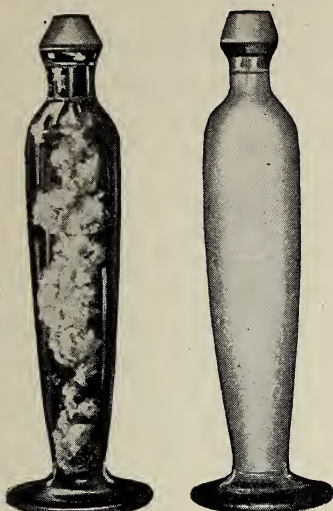
SOMERSET COUNTY MEDICAL SOCIETY. 1st Tuesday in April at Crisfield, 1st Tuesday in November at Princess Anne. President, GRANVILLE E. DICKINSON, M. D., Upper Fairmount; Secretary, RALPH L. HOYT, M. D., Oriole.

TALBOT COUNTY MEDICAL SOCIETY. Annual meeting 3d Tuesday in November, Court House, Talbot Co., Md. President, E. R. TRIPPE, M. D., Easton, Md.; Secretary, J. B. MERRITT, M. D., Easton, Md.

WASHINGTON COUNTY MEDICAL SOCIETY. 2d Thursday of February, May, September, November, 1906, at Hagerstown, Md. President, A. C. MAISCH, M. D.; Corresponding Secretary, V. D. MILLER, Jr., M. D.

WICOMICO COUNTY MEDICAL SOCIETY. 2d Tuesday in May, at Salisbury, Md. President, F. M. SLEMONS, M. D.; Secretary, E. W. HUMPHREYS, M. D., Salisbury, Md.

WORCESTER COUNTY MEDICAL SOCIETY. Oct. 29, 1907, Snow Hill, Md. President, J. S. AYDELOTTE, M. D., Snow Hill, Md.; Secretary, R. L. HALL, M. D., Pocomoke City, Md.



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NATIONAL MEDICAL MEETINGS, 1908

SOCIETY.	SECRETARY.	NEXT ANNUAL MEETING.
American Academy of Medicine.....	Charles McIntire, 104 N. 4th St., Easton, Pa.....	Chicago, May 30-June 1, '08
" Acad. of Ophthal and Oto-Laryngology	Geo. F. Suker, M.D., 103 State St., Chicago, Ill....	Columbus, O., '08
" Anatomists, Association of.....	G. Carl Huber, Ann Harbor, Mich.....	Chicago, Dec. 26-27, '07
" Army and Navy Medical Association....	E. P. Bartlett, Springfield, Ill.....	
" Assn. of Genit. Urinary Surgeons.....	E. L. Keyes, Jr., 109 E. 34th St., New York.....	Hot Springs, Va., May, '08
" Assn. of Medical Examiners.....	John Guy Monihan, 90 William St., New York....	Chicago, June 1-2, '08
" Assn. of Military Surgeons of the U.S.	Major James E. Pilcher, Carlisle, Pa.....	
" Assn. of Path. and Bacteriologists....	Harold C. Ernst, Boston, Mass.....	Ann Harbor, April 17-18, '08
" Assn. of Railway Surgeons.....	Dr. H. B. Jennings, Council Bluffs, Ia.....	
" Assn. for Study and Cure of Inebriety	T. D. Crothers, Hartford, Conn.....	
" Assn. for the Stu. of the Feeble Minded	E. C. Rogers, Fairbault, Minn.....	
" Association of Obstetricians and Gyn.	Wm. W. Potter, 238 Delaware Ave., Buffalo....	Baltimore, Md., Sept. 22-24, '08
" Association of Official Surgeons.....	T. E. Costain, M.D., 160 State St., Chicago, Ill....	
" Association of American Physicians	Henry Hun, 149 Washington Ave., Albany, N. Y....	Washington, May 12-13, '08
" Climatological Association.....	Guy Hinsdale, Hot Springs, Va.....	Boston, Mass., June, '08
" Dermatological Association.....	G. W. Wende, M.D., 471 Delaware Ave., Buffalo, N. Y.	
" Electro-Therapeutic Association.....	Albert C. Geyser, 1239 Madison Ave., N. Y.....	September, '08
" Gastro-Enterological Association.....	Chas. D. Aaron, 32 W. Adams Ave., Detroit, Mich.	Des Moines, May 20-22, '08
" Gynecological Society.....	J. Riddle Goffe, 616 Madison Ave., New York....	Philadelphia, May 26, '08
" Larynx, Rhin. and Otol. Society.....	Thos. J. Harris, 147 E. 40th St., New York.....	Pittsburg, May, '08
" Laryngological Association.....	J. E. Newcomb, 118 N. 69th St., New York.....	
" Medical Association.....	G. H. Simmons, 103 Dearborn Ave., Chicago.....	Chicago, June 25, '08
" Medical Editors' Association.....	J. MacDonald Jr., M.D., New York, N. Y.....	
" Medico-Psychological Association.....	U. W. Pilgrim, Poughkeepsie, N. Y.....	Cincinnati, '08
" Medical Colleges, Association of.....	F. C. Zapffe, 1764 Lexington St., Chicago, Ill....	Cleveland, O., March 16-17, '08
" Ophthalmological Society.....	S. B. St. John, 68 Pratt St., Hartford, Conn.....	
" Orthopedic Association.....	Robt. B. Osgood, 372 Marlborough St., Boston....	
" Otological Society.....	F. L. Jack, 215 Beacon St., Boston, Mass.....	
" Pediatric Society.....	Samuel S. Adams, 1 Dupont Circle, Wash., D. C....	Dela. Water Gap, May 26-28, '08
" Physio-Therapeutic Association.....	Otto Juettner, M.D., 8 W. 9th St., Cincinnati, O....	
" Physicians, Association of.....	H. Hun, 49 Washington Ave., Albany, N. Y.....	Washington, May 12-13, '08
" Protocologic Society.....	L. H. Adler, Jr., 1610 Arch St., Phila., Pa.....	Chicago, June 1, '08
" Public Health Association.....	C. O. Probst, Columbus, Ohio.....	Winnipeg, Man., Aug., '08
" Roentgen Ray Society.....	Dr. Geo. C. Johnston, Pittsburg, Pa.....	
" Surgical Association.....	Robt. G. LeConte, 1530 Locust St., Phila.....	Richmond, Va., '08
" Therapeutic Society.....	Noble P. Barnes, Washington, D. C.....	Philadelphia, May 7-9, '08
" Urological Association.....	Hugh Cabot, 1 Marlborough St., Boston.....	Chicago, June 1, '08
Assn. Med. Officers, A. and N. of Confederacy	D. J. Roberts, M.D., Nashville, Tenn.....	
Baltimore & Ohio Assn. of Railway Surgeons.	G. A. Davis, Summit Point, W. Va.....	
British Medical Association.....	George Elliott, Toronto, Canada.....	
Canadian Medical Association.....	George Elliott, M.D., Toronto, Canada.....	
Con. of State and Prov. Bds. of N. A.....	John S. Fulton, 2211 St. Paul St., Baltimore, Md.	
International Congress on Tuberculosis...	J. S. Fulton, M.D., Colorado Bldg., Wash., D. C....	Louisville, Ky., Oct. 13-15, '08
Mississippi Valley Medical Association....	H. E. Tuley, 111 W. Kentucky, Louisville, Ky.....	Lincoln, Neb., March 19-20, '08
Missouri Valley Medical Society of the	Chas. Wood, Fasset, St. Joseph, Mo.....	
Nat. Con. State Med. Exam. and Lic. Boards	A. W. Suiter, Herkimer, N. Y.....	
Nat. Assn. for Prevention of Tuberculosis...	Dr. H. B. Jacob, 6 S. 11 W. Mt. Vernon Pl., Balto., Md.	
Pan-American Congress, Fourth.....	R. Matas, M.D., St. Charles Ave., New Orleans, La.	
Seaboard Medical Assn. of Va. and N. Car.	John R. Bagby, M.D., Newport News, Va.....	
Southern Medical College Association....	G. C. Savage, Nashville, Tenn.....	
Southern Surgical and Gyn. Association...	W. D. Haggard, Nashville, Tenn.....	New Orleans, Dec. 17-19, '07
Southern Medical Association.....	Raymond Wallace, Chattanooga, Tenn.....	
Tri-Medical Soc. of Md., W. Va. and W. Pa.	Perival Lantz, Alaska, W. Va.....	
Tri-Medical Society of N. C., S. C. and Va.	R. E. Hughes, M.D., Laurens, S. C.....	
Tri-State Med. Assn. of Miss., Ark. and Tenn.	E. McKinney, Memphis, Tenn.....	
Tri-State Med. Society of Iowa, Ill. and Mo.	E. Paxton, M.D., Chicago, Ill.....	
Western Surgical and Gyn. Association....	A. L. Mann, M.D., Minneapolis, Minn.....	St. Louis, Mo., Dec. 30-31, '07

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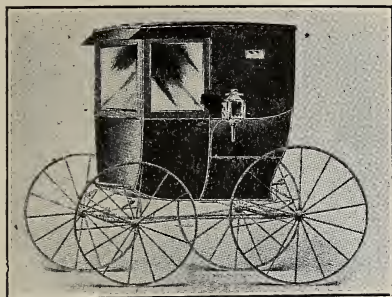
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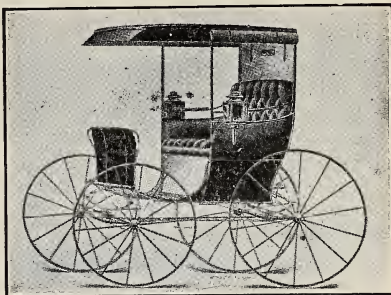
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LOCAL DIRECTORY

THIS Directory is maintained mainly for the benefit of local firms seeking the patronage of physicians and their families. Only well established and reliable concerns will be represented, and doubtless the space at our disposal will be constantly in demand. In responding to these exploitations, the reader will find it mutually advantageous to mention the MARYLAND MEDICAL JOURNAL.

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[CONTINUED FROM PAGE XXVI.]

which we have suggested, refuse to approve any medical school whose course was less than five years. We hope and believe, however, that the conservative judgment and good sense of the medical profession at large will in any event prevent a five-year course of study from being required as a condition precedent to practice. It may be admitted that neither in five years, nor in ten years, for that matter, can a modern doctor learn all that it is desirable for him to know; but he can get at the essentials in the four years now prescribed. With these in mind he ought to be allowed to begin practice, and as to his more fortunate brethren, who have more time and money at their disposal, they can continue their studies, without let or hindrance, as long as their time and money hold out.—*New York Herald.*

PREVENTIVE MEDICINE.

THE opening of the winter term of the medical school connected with one of the London hospitals was marked by some addresses which have attracted considerable attention because of the piquant way in which some old truths were presented.

The subject was the growth of preventive medicine; the increasing inclination of physicians to devote themselves to stamping out disease in a community rather than to curing it in an individual. A little thought will, of course, show that this is true. The germ theory of disease, with its corollary, the use of antitoxins; the connection of mosquitoes with malaria and yellow fever; the association of rats and fleas

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with the bubonic plague and of goats with Malta fever; the dangers of polluted water and impure milk; the spread of consumption through the dried sputum of sufferers from the disease—all these things are a part of preventive medicine, the purpose of which is to keep people well rather than to make them well.

One of the speakers, with a little unconscious pharisaism, declared that medicine is the only self-limiting profession, the only one the ultimate object of which is to produce conditions which will make itself no longer necessary.

This sounds well at first hearing, but, after all, is not the same thing true of the ministry, teaching, and in a large degree also of the law? The Chinese have worked along the same line for thousands of years. They pay their physicians a salary only so long as the physicians keep them well. When they fall sick they pay the doctor nothing.

Physicians who fear that even the advance of preventive medicine is going to eliminate the profession may need to be reminded of the army officer who was leading his little command to a place the distance of which he did not know. The first man he asked said it was four miles. After marching an hour he put the same question to another man. "About four miles," was his answer. At the end of another hour he inquired of a third man. "Keep right on. It's about four miles ahead," he said. The captain turned to his command. "Well, boys," he remarked, "we seem to be holding our own."

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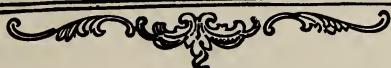
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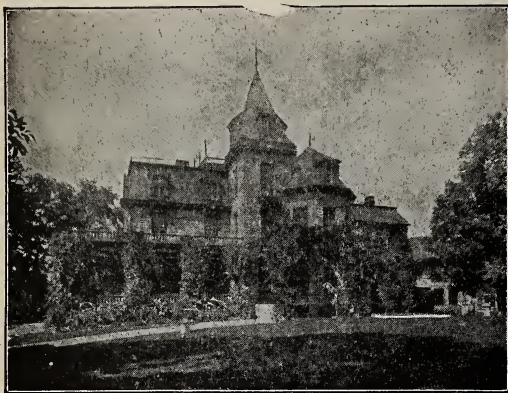
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